CMS External Interface Specification for X12
Overview and Interface Design

Prepared for

The Office of the Under Secretary of Defense

Personnel and Readiness

And

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1. Scope

1.1. Identification

The purpose of the Centers for Medicare and Medicaid Services (CMS) External Interface Specification (EIS) for X12 Overview and Interface Design document is to provide information on how the Defense Enrollment Eligibility Reporting System (DEERS) communicates with the outside world using the Accredited Standards Committee (ASC) X12 protocol. The goal of the X12 protocol is to provide a standardized message structure that allows Electronic Data Interchange (EDI) trading partners the ability to communicate in a non-proprietary format. Implementation of a standardized message gives trading partners the ability to make changes to their own systems, which do not result in dramatic modifications to their trading partners systems.

1.2. System Overview

The Department of Defense (DoD) operates one of the largest health care systems worldwide. Care is provided directly through more than 160 military hospitals and 300 clinics and indirectly through TRICARE [formerly known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)], a cost-sharing health benefits program. The beneficiary population, estimated to be 17.2 million, includes Active Duty and Retired Army, Navy, Marine Corps, and Air Force Service members, their family members, and their survivors. In addition, legislative action and reciprocal agreements authorize the provision of health care to DoD, U.S. Coast Guard, United States Public Health Service, and National Oceanic and Atmospheric Administration personnel. This broad system of reciprocal health care delivery is referred to as MHS.

In 1974, the U. S. Congress directed DoD to initiate a program to improve the control and distribution of military health care services, to project and allocate costs for existing and planned health care programs, and to minimize fraudulent use of military health benefits by unauthorized persons. DoD recognized that such a program would require the establishment of a comprehensive database or uniform set of enrollment and eligibility information for every person entitled to military health care benefits. The task of creating such a database was complicated by the fact that required information was not uniformly maintained or consistently available from the participating Uniformed Services.

An initial requirement was the collection of enrollment and eligibility information in a consistent format from all participating Uniformed Services. The next step was the implementation of a system that would use the information to manage health benefit programs for eligible beneficiaries.

From July 1976 to July 1979, DoD conducted a series of studies and a demonstration project to examine alternative methods of implementing the enrollment/eligibility concept. The following two objectives were identified:

- Gather demographic and sociographic information on the population entitled to DoD benefits.

- Substantially reduce fraud and misuse of DoD health benefits.

To satisfy these objectives, DEERS was established in fiscal year 1979. In September 1979, a contract for the design, development, and implementation of DEERS was awarded and the system was placed in operation in February 1980.

Since that time, the original objectives and scope of DEERS have been expanded to include eligibility information for other Uniformed Services benefits and interface compatibility with other DoD systems and programs.

The DEERS Eligibility database was designed to meet the eligibility certification requirements of a wide range of health care providers and services. For example, TRICARE Fiscal Intermediaries (FIs) can query the Eligibility database as part of their claim processing cycle. In addition, CHCS personnel can inquire about eligibility before beneficiaries are admitted to Military Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs). Utilizing online Personnel update transactions, Uniformed Services personnel officers can query the Eligibility database, as well as write current information to the DEERS data records. The Eligibility database includes features that update the DEERS Enrollment database with information received through online transactions.

The Managed Care Support Contractor (MCSC) Interface is designed to provide claim and benefit relevant data to the organizations administering health benefits on behalf of the DoD Health Care Network.

1.3. Business Purpose

The Centers for Medicare and Medicaid Services (CMS) allows DEERS to query their database to determine which beneficiaries of the Uniformed Services and their family members are eligible for Medicare (Medical Care of the Elderly) Services. It is the intent of the Department of Defense (DOD) to eliminate payment as the primary care provider. DEERS will inquire on beneficiaries who are 65 years or older. Beneficiaries can be a sponsor, spouse, or dependent.

A monthly match cycle occurs on targeted individuals who will be turning 65 in the next three months and do not have Medicare data on the DEERS database. A six month verification match cycle will also occur for individuals that have verified Medicare data on DEERS.

1.4. Document Overview

The purpose of the CMS EIS for X12 Overview and Interface Design document is to explain the X12 message structures that must be exchanged between DEERS and CMS.

2. Referenced Documents

The following documents are referenced in this document:

- ASC X12N-270/271 *Health Care Benefit Inquiry and Response,* Insurance Subcommittee, Version 4010; Washington Publishing Company, 1997.

- DEERS Data Dictionary.

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3.   Interface Design

The general concept in X12, which predominates all types of transactions, is that there is an information source and an information receiver. This concept is consistent in any X12 transaction. The information source is considered to be the entity that has the answers to the questions being asked. The source is typically the payer, insurer, or an entity maintaining records. The entity regarded as the information receiver is described as the one asking the questions.

DEERS is typically considered to be the information source except in the instance of an enrollment, in which the roles are somewhat reversed.
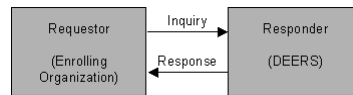
X12 characterizes the individual who is the insured member as the 'Subscriber'. Anyone receiving health benefits because of their association with the subscriber is considered to be a 'Dependent' of that subscriber.

3.1.   Interchange and Application Control Structures

Identifies options selected for implementation or exceptions to ASC X12 interchange and application control structures.

3.2.   Application Control Structure Definitions and Concepts

Identifies options selected for implementation or exceptions to ASC X12 application control structure definitions and concepts.

3.3.   Business Transaction Structure Definitions and Concepts

Identifies options selected for implementation or exceptions to ASC X12 business transaction structure definitions and concepts.

3.4.   ICS Interchange Control Structures

Functional Group ID=

Introduction:

The purpose of this standard is to define the control structures for the electronic interchange of one or more encoded business transactions including the EDI (Electronic Data Interchange) encoded transactions of Accredited Standards Committee X12. This standard provides the interchange envelope of a header and trailer for the electronic interchange through a data transmission, and it provides a structure to acknowledge the receipt and processing of this envelope.

Notes:

While communications flows both ways, the enveloping specification shows DMDC/DEERS as the receiver.

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	010	ISA	Interchange Control Header	M	1		
M	020	GS	Functional Group Header	M	1		
M	030	GE	Functional Group Trailer	M	1		
M	040	IEA	Interchange Control Trailer	M	1		
	050	TA1	Interchange Acknowledgment	O	1		

Segment:	**ISA** Interchange Control Header	
Position:	010	
Loop:		
Level:		
Usage:	Mandatory	
Max Use:	1	
Purpose:	To start and identify an interchange of zero or more functional groups and interchange-related control segments
Syntax Notes:		
Semantic Notes:		
Comments:		

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	ISA01	I01	**Authorization Information Qualifier**	M	ID 2/2
			Code to identify the type of information in the Authorization Information		
			00	No Authorization Information Present (No Meaningful Information in I02)	
M	ISA02	I02	**Authorization Information**	M	AN 10/10
			Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)		
			Blank or Zero fill		
M	ISA03	I03	**Security Information Qualifier**	M	ID 2/2
			Code to identify the type of information in the Security Information		
			00	No Security Information Present (No Meaningful Information in I04)	
M	ISA04	I04	**Security Information**	M	AN 10/10
			This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)		
			Space or Zero fill		
M	ISA05	I05	**Interchange ID Qualifier**	M	ID 2/2
			Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified		
			ZZ	Mutually Defined	
M	ISA06	I06	**Interchange Sender ID**	M	AN 15/15
			Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element		
			Assigned by DMDC		
			DMDCDEERS1600NB		
			DMDC DEERS Interchange ID		

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M	ISA07	I05	**Interchange ID Qualifier**	M	ID 2/2

Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

			ZZ	Mutually Defined	

M	ISA08	I07	**Interchange Receiver ID**	M	AN 15/15

Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

M	ISA09	I08	**Interchange Date**	M	DT 6/6

Date of the interchange

M	ISA10	I09	**Interchange Time**	M	TM 4/4

Time of the interchange

M	ISA11	I10	**Interchange Control Standards Identifier**	M	ID 1/1

Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer

Refer to 004010 Data Element Dictionary for acceptable code values.

M	ISA12	I11	**Interchange Control Version Number**	M	ID 5/5

This version number covers the interchange control segments

			00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	

M	ISA13	I12	**Interchange Control Number**	M	N0 9/9

A control number assigned by the interchange sender

Must be the same as IEA02

M	ISA14	I13	**Acknowledgment Requested**	M	ID 1/1

Code sent by the sender to request an interchange acknowledgment (TA1)

			1	Interchange Acknowledgment Requested	

M	ISA15	I14	**Usage Indicator**	M	ID 1/1

Code to indicate whether data enclosed by this interchange envelope is test, production or information

			P	Production Data	
			T	Test Data	

M	ISA16	I15	**Component Element Separator**	M	AN 1/1

Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

Segment:	**GS** Functional Group Header
Position:	020
Loop:	
Level:	
Usage:	Mandatory
Max Use:	1
Purpose:	To indicate the beginning of a functional group and to provide control information
Syntax Notes:	
Semantic Notes:	1 GS04 is the group date.
	2 GS05 is the group time.
	3 The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.
Comments:	1 A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	GS01	479	**Functional Identifier Code**	M ID 2/2
			Code identifying a group of application related transaction sets	
			FA Functional Acknowledgment (997)	
			HB Eligibility, Coverage or Benefit Information (271)	
			HS Eligibility, Coverage or Benefit Inquiry (270)	
M	GS02	142	**Application Sender's Code**	M AN 2/15
			Code identifying party sending transmission; codes agreed to by trading partners	
			Same as Interchange Sender's ID	
M	GS03	124	**Application Receiver's Code**	M AN 2/15
			Code identifying party receiving transmission; codes agreed to by trading partners	
			Same as Interchange Receiver's ID	
M	GS04	373	**Date**	M DT 8/8
			Date expressed as CCYYMMDD	
M	GS05	337	**Time**	M TM 4/8
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	
			Please use HHMMSS format	
M	GS06	28	**Group Control Number**	M N0 1/9
			Assigned number originated and maintained by the sender	

			Same as GE02		
M	GS07	455	**Responsible Agency Code**	M	ID 1/2

Code used in conjunction with Data Element 480 to identify the issuer of the standard

	X	Accredited Standards Committee X12

M	GS08	480	**Version / Release / Industry Identifier Code**	M	AN 1/12

Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

004010	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997
	Use for transaction sets other that 270 / 271
004010X092	
	HIPAA 270 / 271

Segment:	**GE** Functional Group Trailer	
Position:	030	
Loop:		
Level:		
Usage:	Mandatory	
Max Use:	1	
Purpose:	To indicate the end of a functional group and to provide control information	
Syntax Notes:		
Semantic Notes:	1	The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
Comments:	1	The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	GE01	97	**Number of Transaction Sets Included**	M	N0 1/6
			Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element		
M	GE02	28	**Group Control Number**	M	N0 1/9
			Assigned number originated and maintained by the sender		
			Same as GS06		

Segment:	**IEA** Interchange Control Trailer	
Position:	040	
Loop:		
Level:		
Usage:	Mandatory	
Max Use:	1	
Purpose:	To define the end of an interchange of zero or more functional groups and interchange-related control segments	
Syntax Notes:		
Semantic Notes:		
Comments:		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	IEA01	I16	**Number of Included Functional Groups**	M N0 1/5
			A count of the number of functional groups included in an interchange	
M	IEA02	I12	**Interchange Control Number**	M N0 9/9
			A control number assigned by the interchange sender	
			Same as ISA13	

Segment:		**TA1** Interchange Acknowledgment			
Position:		050			
Loop:					
Level:					
Usage:		Optional			
Max Use:		1			
Purpose:		To report the status of processing a received interchange header and trailer or the non-delivery by a network provider			
Syntax Notes:					
Semantic Notes:					
Comments:					

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	TA101	I12	**Interchange Control Number**	M	N0 9/9
			A control number assigned by the interchange sender		
M	TA102	I08	**Interchange Date**	M	DT 6/6
			Date of the interchange		
M	TA103	I09	**Interchange Time**	M	TM 4/4
			Time of the interchange		
M	TA104	I17	**Interchange Acknowledgment Code**	M	ID 1/1
			This indicates the status of the receipt of the interchange control structure		
			R	The Transmitted Interchange Control Structure Header and Trailer are Rejected Because of Errors.	
M	TA105	I18	**Interchange Note Code**	M	ID 3/3
			This numeric code indicates the error found processing the interchange control structure		
			001	The Interchange Control Number in the Header and Trailer Do Not Match. The Value From the Header is Used in the Acknowledgment.	
			002	This Standard as Noted in the Control Standards Identifier is Not Supported.	
			003	This Version of the Controls is Not Supported	
			004	The Segment Terminator is Invalid	
			005	Invalid Interchange ID Qualifier for Sender	
			006	Invalid Interchange Sender ID	
			007	Invalid Interchange ID Qualifier for Receiver	
			008	Invalid Interchange Receiver ID	
			009	Unknown Interchange Receiver ID	
			010	Invalid Authorization Information Qualifier Value	
			011	Invalid Authorization Information Value	
			012	Invalid Security Information Qualifier Value	

013	Invalid Security Information Value
014	Invalid Interchange Date Value
015	Invalid Interchange Time Value
016	Invalid Interchange Standards Identifier Value
017	Invalid Interchange Version ID Value
018	Invalid Interchange Control Number Value
019	Invalid Acknowledgment Requested Value
020	Invalid Test Indicator Value
021	Invalid Number of Included Groups Value
022	Invalid Control Structure
023	Improper (Premature) End-of-File (Transmission)
024	Invalid Interchange Content (e.g., Invalid GS Segment)
025	Duplicate Interchange Control Number
026	Invalid Data Element Separator
027	Invalid Component Element Separator
028	Invalid Delivery Date in Deferred Delivery Request
029	Invalid Delivery Time in Deferred Delivery Request
030	Invalid Delivery Time Code in Deferred Delivery Request
031	Invalid Grade of Service Code

4. Acknowledgments

4.1. 997 Functional Acknowledgment

Functional Group ID=FA

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Functional Acknowledgment Transaction Set (997) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to define the control structures for a set of acknowledgments to indicate the results of the syntactical analysis of the electronically encoded documents. The encoded documents are the transaction sets, which are grouped in functional groups, used in defining transactions for business data interchange. This standard does not cover the semantic meaning of the information encoded in the transaction sets.

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	010	ST	Transaction Set Header	M	1		n1
M	020	AK1	Functional Group Response Header	M	1		n2
			LOOP ID - AK2			999999	
	030	AK2	Transaction Set Response Header	O	1		n3
			LOOP ID - AK3			999999	
	040	AK3	Data Segment Note	O	1		c1
	050	AK4	Data Element Note	O	99		
M	060	AK5	Transaction Set Response Trailer	M	1		
M	070	AK9	Functional Group Response Trailer	M	1		
M	080	SE	Transaction Set Trailer	M	1		

Transaction Set Notes

1. These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.

    The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's code.

    There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

2. AK1 is used to respond to the functional group header and to start the acknowledgement for a functional group. There shall be one AK1 segment for the functional group that is being acknowledged.

3. AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged.

Transaction Set Comments

1. The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

Segment:	**ST** Transaction Set Header	
Position:	010	
Loop:		
Level:		
Usage:	Mandatory	
Max Use:	1	
Purpose:	To indicate the start of a transaction set and to assign a control number	
Syntax Notes:		
Semantic Notes:	1	The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
Comments:		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	ST01	143	**Transaction Set Identifier Code**	M	ID 3/3
			Code uniquely identifying a Transaction Set		
			997 Functional Acknowledgment		
M	ST02	329	**Transaction Set Control Number**	M	AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set		
			Must be same value as SE02		

Segment:	**AK1** Functional Group Response Header

Position: 020
Loop:
Level:
Usage: Mandatory
Max Use: 1
Purpose: To start acknowledgment of a functional group
Syntax Notes:
Semantic Notes: 1 AK101 is the functional ID found in the GS segment (GS01) in the functional group being acknowledged.
2 AK102 is the functional group control number found in the GS segment in the functional group being acknowledged.
Comments:

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AK101	479	**Functional Identifier Code**	M ID 2/2
			Code identifying a group of application related transaction sets	
			AG Application Advice (824)	
			FA Functional Acknowledgment (997)	
			HB Eligibility, Coverage or Benefit Information (271)	
			HS Eligibility, Coverage or Benefit Inquiry (270)	
			PI Patient Information (275)	
M	AK102	28	**Group Control Number**	M N0 1/9
			Assigned number originated and maintained by the sender	

Segment:	**AK2** Transaction Set Response Header	
Position:	030	
Loop:	AK2	Optional
Level:		
Usage:	Optional	
Max Use:	1	
Purpose:	To start acknowledgment of a single transaction set	
Syntax Notes:		
Semantic Notes:	1	AK201 is the transaction set ID found in the ST segment (ST01) in the transaction set being acknowledged.
	2	AK202 is the transaction set control number found in the ST segment in the transaction set being acknowledged.
Comments:		

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AK201	143	**Transaction Set Identifier Code**		M ID 3/3
			Code uniquely identifying a Transaction Set		
			270	Eligibility, Coverage or Benefit Inquiry	
			271	Eligibility, Coverage or Benefit Information	
			275	Patient Information	
			824	Application Advice	
M	AK202	329	**Transaction Set Control Number**		M AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set		

Segment:	**AK3** Data Segment Note		
Position:	040		
Loop:	AK3	Optional	
Level:			
Usage:	Optional		
Max Use:	1		
Purpose:	To report errors in a data segment and identify the location of the data segment		
Syntax Notes:			
Semantic Notes:			
Comments:			

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AK301	721	**Segment ID Code**	**M ID 2/3**
			Code defining the segment ID of the data segment in error (See Appendix A - Number 77)	
M	AK302	719	**Segment Position in Transaction Set**	**M N0 1/6**
			The numerical count position of this data segment from the start of the transaction set: the transaction set header is count position 1	
	AK303	447	**Loop Identifier Code**	**O AN 1/6**
			The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE	
	AK304	720	**Segment Syntax Error Code**	**O ID 1/3**
			Code indicating error found based on the syntax editing of a segment	
		1	Unrecognized segment ID	
		2	Unexpected segment	
		3	Mandatory segment missing	
		4	Loop Occurs Over Maximum Times	
		5	Segment Exceeds Maximum Use	
		6	Segment Not in Defined Transaction Set	
		7	Segment Not in Proper Sequence	
		8	Segment Has Data Element Errors	

Segment:	**AK4** Data Element Note			
Position:	050			
Loop:	AK3 Optional			
Level:				
Usage:	Optional			
Max Use:	99			
Purpose:	To report errors in a data element or composite data structure and identify the location of the data element			
Syntax Notes:				
Semantic Notes:	1 In no case shall a value be used for AK404 that would generate a syntax error, e.g., an invalid character.			
Comments:				

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AK401	C030	**Position in Segment**	M
			Code indicating the relative position of a simple data element, or the relative position of a composite data structure combined with the relative position of the component data element within the composite data structure, in error; the count starts with 1 for the simple data element or composite data structure immediately following the segment ID	
M	C03001	722	**Element Position in Segment**	M N0 1/2
			This is used to indicate the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error; in the data segment the count starts with 1 for the simple data element or composite data structure immediately following the segment ID	
	C03002	1528	**Component Data Element Position in Composite**	O N0 1/2
			To identify the component data element position within the composite that is in error	
	AK402	725	**Data Element Reference Number**	O N0 1/4
			Reference number used to locate the data element in the Data Element Dictionary	
M	AK403	723	**Data Element Syntax Error Code**	M ID 1/3
			Code indicating the error found after syntax edits of a data element	

	1	Mandatory data element missing
	2	Conditional required data element missing.
	3	Too many data elements.
	4	Data element too short.
	5	Data element too long.
	6	Invalid character in data element.

	7	Invalid code value.		
	8	Invalid Date		
	9	Invalid Time		
	10	Exclusion Condition Violated		
AK404	**724**	**Copy of Bad Data Element**	**O**	**AN 1/99**

This is a copy of the data element in error

Segment:	**AK5** Transaction Set Response Trailer		
Position:	060		
Loop:	AK2	Optional	
Level:			
Usage:	Mandatory		
Max Use:	1		
Purpose:	To acknowledge acceptance or rejection and report errors in a transaction set		
Syntax Notes:			
Semantic Notes:			
Comments:			

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AK501	717	**Transaction Set Acknowledgment Code**	M ID 1/1

Code indicating accept or reject condition based on the syntax editing of the transaction set

A	Accepted
E	Accepted But Errors Were Noted
M	Rejected, Message Authentication Code (MAC) Failed
R	Rejected
W	Rejected, Assurance Failed Validity Tests
X	Rejected, Content After Decryption Could Not Be Analyzed

	AK502	718	**Transaction Set Syntax Error Code**	O ID 1/3

Code indicating error found based on the syntax editing of a transaction set

1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error
6	Missing or Invalid Transaction Set Identifier
7	Missing or Invalid Transaction Set Control Number
8	Authentication Key Name Unknown
9	Encryption Key Name Unknown
10	Requested Service (Authentication or Encrypted) Not Available
11	Unknown Security Recipient

12	Incorrect Message Length (Encryption Only)	
13	Message Authentication Code Failed	
15	Unknown Security Originator	
16	Syntax Error in Decrypted Text	
17	Security Not Supported	
23	Transaction Set Control Number Not Unique within the Functional Group	
24	S3E Security End Segment Missing for S3S Security Start Segment	
25	S3S Security Start Segment Missing for S3E Security End Segment	
26	S4E Security End Segment Missing for S4S Security Start Segment	
27	S4S Security Start Segment Missing for S4E Security End Segment	

AK503   718   Transaction Set Syntax Error Code   O   ID 1/3

Code indicating error found based on the syntax editing of a transaction set

1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error
6	Missing or Invalid Transaction Set Identifier
7	Missing or Invalid Transaction Set Control Number
8	Authentication Key Name Unknown
9	Encryption Key Name Unknown
10	Requested Service (Authentication or Encrypted) Not Available
11	Unknown Security Recipient
12	Incorrect Message Length (Encryption Only)
13	Message Authentication Code Failed
15	Unknown Security Originator
16	Syntax Error in Decrypted Text
17	Security Not Supported
23	Transaction Set Control Number Not Unique within the Functional Group
24	S3E Security End Segment Missing for S3S Security Start Segment
25	S3S Security Start Segment Missing for S3E Security End Segment
26	S4E Security End Segment Missing for S4S Security Start

		Segment		
	27	S4S Security Start Segment Missing for S4E Security End Segment		

AK504	**718**	**Transaction Set Syntax Error Code**	**O**	**ID 1/3**

Code indicating error found based on the syntax editing of a transaction set

1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error
6	Missing or Invalid Transaction Set Identifier
7	Missing or Invalid Transaction Set Control Number
8	Authentication Key Name Unknown
9	Encryption Key Name Unknown
10	Requested Service (Authentication or Encrypted) Not Available
11	Unknown Security Recipient
12	Incorrect Message Length (Encryption Only)
13	Message Authentication Code Failed
15	Unknown Security Originator
16	Syntax Error in Decrypted Text
17	Security Not Supported
23	Transaction Set Control Number Not Unique within the Functional Group
24	S3E Security End Segment Missing for S3S Security Start Segment
25	S3S Security Start Segment Missing for S3E Security End Segment
26	S4E Security End Segment Missing for S4S Security Start Segment
27	S4S Security Start Segment Missing for S4E Security End Segment

AK505	**718**	**Transaction Set Syntax Error Code**	**O**	**ID 1/3**

Code indicating error found based on the syntax editing of a transaction set

1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error

	6	Missing or Invalid Transaction Set Identifier	
	7	Missing or Invalid Transaction Set Control Number	
	8	Authentication Key Name Unknown	
	9	Encryption Key Name Unknown	
	10	Requested Service (Authentication or Encrypted) Not Available	
	11	Unknown Security Recipient	
	12	Incorrect Message Length (Encryption Only)	
	13	Message Authentication Code Failed	
	15	Unknown Security Originator	
	16	Syntax Error in Decrypted Text	
	17	Security Not Supported	
	23	Transaction Set Control Number Not Unique within the Functional Group	
	24	S3E Security End Segment Missing for S3S Security Start Segment	
	25	S3S Security Start Segment Missing for S3E Security End Segment	
	26	S4E Security End Segment Missing for S4S Security Start Segment	
	27	S4S Security Start Segment Missing for S4E Security End Segment	

AK506   718   Transaction Set Syntax Error Code   **O   ID 1/3**

Code indicating error found based on the syntax editing of a transaction set

1	Transaction Set Not Supported	
2	Transaction Set Trailer Missing	
3	Transaction Set Control Number in Header and Trailer Do Not Match	
4	Number of Included Segments Does Not Match Actual Count	
5	One or More Segments in Error	
6	Missing or Invalid Transaction Set Identifier	
7	Missing or Invalid Transaction Set Control Number	
8	Authentication Key Name Unknown	
9	Encryption Key Name Unknown	
10	Requested Service (Authentication or Encrypted) Not Available	
11	Unknown Security Recipient	
12	Incorrect Message Length (Encryption Only)	
13	Message Authentication Code Failed	
15	Unknown Security Originator	
16	Syntax Error in Decrypted Text	

17	Security Not Supported
23	Transaction Set Control Number Not Unique within the Functional Group
24	S3E Security End Segment Missing for S3S Security Start Segment
25	S3S Security Start Segment Missing for S3E Security End Segment
26	S4E Security End Segment Missing for S4S Security Start Segment
27	S4S Security Start Segment Missing for S4E Security End Segment

Segment:	**AK9** Functional Group Response Trailer	
Position:	070	
Loop:		
Level:		
Usage:	Mandatory	
Max Use:	1	
Purpose:	To acknowledge acceptance or rejection of a functional group and report the number of included transaction sets from the original trailer, the accepted sets, and the received sets in this functional group	
Syntax Notes:		
Semantic Notes:		
Comments:	1	If AK901 contains the value "A" or "E", then the transmitted functional group is accepted.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AK901	715	**Functional Group Acknowledge Code**	M	ID 1/1

Code indicating accept or reject condition based on the syntax editing of the functional group

A	Accepted
E	Accepted, But Errors Were Noted.
M	Rejected, Message Authentication Code (MAC) Failed
P	Partially Accepted, At Least One Transaction Set Was Rejected
R	Rejected
W	Rejected, Assurance Failed Validity Tests
X	Rejected, Content After Decryption Could Not Be Analyzed

	Ref. Des.	Data Element	Name		Attributes
M	AK902	97	**Number of Transaction Sets Included**	M	N0 1/6

Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element

	Ref. Des.	Data Element	Name		Attributes
M	AK903	123	**Number of Received Transaction Sets**	M	N0 1/6

Number of Transaction Sets received

	Ref. Des.	Data Element	Name		Attributes
M	AK904	2	**Number of Accepted Transaction Sets**	M	N0 1/6

Number of accepted Transaction Sets in a Functional Group

	Ref. Des.	Data Element	Name		Attributes
	AK905	716	**Functional Group Syntax Error Code**	O	ID 1/3

Code indicating error found based on the syntax editing of the functional group header and/or trailer

1	Functional Group Not Supported
2	Functional Group Version Not Supported

3	Functional Group Trailer Missing	
4	Group Control Number in the Functional Group Header and Trailer Do Not Agree	
5	Number of Included Transaction Sets Does Not Match Actual Count	
6	Group Control Number Violates Syntax	
10	Authentication Key Name Unknown	
11	Encryption Key Name Unknown	
12	Requested Service (Authentication or Encryption) Not Available	
13	Unknown Security Recipient	
14	Unknown Security Originator	
15	Syntax Error in Decrypted Text	
16	Security Not Supported	
17	Incorrect Message Length (Encryption Only)	
18	Message Authentication Code Failed	
19	S1E Security End Segment Missing for S1S Security Start Segment	
20	S1S Security Start Segment Missing for S1E End Segment	
21	S2E Security End Segment Missing for S2S Security Start Segment	
22	S2S Security Start Segment Missing for S2E Security End Segment	
23	S3E Security End Segment Missing for S3S Security Start Segment	
24	S3S Security Start Segment Missing for S3E End Segment	
25	S4E Security End Segment Missing for S4S Security Start Segment	
26	S4S Security Start Segment Missing for S4E Security End Segment	

AK906   716   Functional Group Syntax Error Code   O   ID 1/3

Code indicating error found based on the syntax editing of the functional group header and/or trailer

1	Functional Group Not Supported
2	Functional Group Version Not Supported
3	Functional Group Trailer Missing
4	Group Control Number in the Functional Group Header and Trailer Do Not Agree
5	Number of Included Transaction Sets Does Not Match Actual Count
6	Group Control Number Violates Syntax
10	Authentication Key Name Unknown

	11	Encryption Key Name Unknown
	12	Requested Service (Authentication or Encryption) Not Available
	13	Unknown Security Recipient
	14	Unknown Security Originator
	15	Syntax Error in Decrypted Text
	16	Security Not Supported
	17	Incorrect Message Length (Encryption Only)
	18	Message Authentication Code Failed
	19	S1E Security End Segment Missing for S1S Security Start Segment
	20	S1S Security Start Segment Missing for S1E End Segment
	21	S2E Security End Segment Missing for S2S Security Start Segment
	22	S2S Security Start Segment Missing for S2E Security End Segment
	23	S3E Security End Segment Missing for S3S Security Start Segment
	24	S3S Security Start Segment Missing for S3E End Segment
	25	S4E Security End Segment Missing for S4S Security Start Segment
	26	S4S Security Start Segment Missing for S4E Security End Segment

AK907   716   Functional Group Syntax Error Code   O   ID 1/3

Code indicating error found based on the syntax editing of the functional group header and/or trailer

	1	Functional Group Not Supported
	2	Functional Group Version Not Supported
	3	Functional Group Trailer Missing
	4	Group Control Number in the Functional Group Header and Trailer Do Not Agree
	5	Number of Included Transaction Sets Does Not Match Actual Count
	6	Group Control Number Violates Syntax
	10	Authentication Key Name Unknown
	11	Encryption Key Name Unknown
	12	Requested Service (Authentication or Encryption) Not Available
	13	Unknown Security Recipient
	14	Unknown Security Originator
	15	Syntax Error in Decrypted Text
	16	Security Not Supported

17	Incorrect Message Length (Encryption Only)	
18	Message Authentication Code Failed	
19	S1E Security End Segment Missing for S1S Security Start Segment	
20	S1S Security Start Segment Missing for S1E End Segment	
21	S2E Security End Segment Missing for S2S Security Start Segment	
22	S2S Security Start Segment Missing for S2E Security End Segment	
23	S3E Security End Segment Missing for S3S Security Start Segment	
24	S3S Security Start Segment Missing for S3E End Segment	
25	S4E Security End Segment Missing for S4S Security Start Segment	
26	S4S Security Start Segment Missing for S4E Security End Segment	

AK908   716   Functional Group Syntax Error Code   O   ID 1/3

Code indicating error found based on the syntax editing of the functional group header and/or trailer

1	Functional Group Not Supported
2	Functional Group Version Not Supported
3	Functional Group Trailer Missing
4	Group Control Number in the Functional Group Header and Trailer Do Not Agree
5	Number of Included Transaction Sets Does Not Match Actual Count
6	Group Control Number Violates Syntax
10	Authentication Key Name Unknown
11	Encryption Key Name Unknown
12	Requested Service (Authentication or Encryption) Not Available
13	Unknown Security Recipient
14	Unknown Security Originator
15	Syntax Error in Decrypted Text
16	Security Not Supported
17	Incorrect Message Length (Encryption Only)
18	Message Authentication Code Failed
19	S1E Security End Segment Missing for S1S Security Start Segment
20	S1S Security Start Segment Missing for S1E End Segment
21	S2E Security End Segment Missing for S2S Security Start

		Segment		
	22	S2S Security Start Segment Missing for S2E Security End Segment		
	23	S3E Security End Segment Missing for S3S Security Start Segment		
	24	S3S Security Start Segment Missing for S3E End Segment		
	25	S4E Security End Segment Missing for S4S Security Start Segment		
	26	S4S Security Start Segment Missing for S4E Security End Segment		

AK909   716   Functional Group Syntax Error Code   O   ID 1/3

Code indicating error found based on the syntax editing of the functional group header and/or trailer

1	Functional Group Not Supported
2	Functional Group Version Not Supported
3	Functional Group Trailer Missing
4	Group Control Number in the Functional Group Header and Trailer Do Not Agree
5	Number of Included Transaction Sets Does Not Match Actual Count
6	Group Control Number Violates Syntax
10	Authentication Key Name Unknown
11	Encryption Key Name Unknown
12	Requested Service (Authentication or Encryption) Not Available
13	Unknown Security Recipient
14	Unknown Security Originator
15	Syntax Error in Decrypted Text
16	Security Not Supported
17	Incorrect Message Length (Encryption Only)
18	Message Authentication Code Failed
19	S1E Security End Segment Missing for S1S Security Start Segment
20	S1S Security Start Segment Missing for S1E End Segment
21	S2E Security End Segment Missing for S2S Security Start Segment
22	S2S Security Start Segment Missing for S2E Security End Segment
23	S3E Security End Segment Missing for S3S Security Start Segment
24	S3S Security Start Segment Missing for S3E End Segment
25	S4E Security End Segment Missing for S4S Security Start

Segment

26   S4S Security Start Segment Missing for S4E Security End Segment

Segment:	**SE** Transaction Set Trailer		
Position:	080		
Loop:			
Level:			
Usage:	Mandatory		
Max Use:	1		
Purpose:	To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)		
Syntax Notes:			
Semantic Notes:			
Comments:	1 SE is the last segment of each transaction set.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	SE01	96	**Number of Included Segments**	M N0 1/10
			Total number of segments included in a transaction set including ST and SE segments	
M	SE02	329	**Transaction Set Control Number**	M AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	
			Must be same as ST02	

5.   270 Health Care Coverage for CMS Monthly Inquiry

<div align="right">

Functional Group ID=HS

</div>

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to inquire about the eligibility, coverages or benefits associated with a benefit plan, employer, plan sponsor, subscriber or a dependent under the subscriber's policy. The transaction set is intended to be used by all lines of insurance such as Health, Life, and Property and Casualty.

Heading:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	010	ST	Transaction Set Header	M	1		
M	020	BHT	Beginning of Hierarchical Transaction	M	1		

Detail:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000A			1	
M	010	HL	Information Source Level	M	1		
			LOOP ID - 2100A			1	
M	030	NM1	Information Source Name	M	1		
			LOOP ID - 2000B			1	
M	010	HL	Information Receiver Level	M	1		
			LOOP ID - 2100B			1	
M	030	NM1	Information Receiver Name	M	1		
			LOOP ID - 2000C			1	
M	010	HL	Subscriber Level	M	1		
			LOOP ID - 2100C			1	
M	030	NM1	Subscriber Name	M	1		
	040	REF	Subscriber Additional Identification	O	1		
	100	DMG	Subscriber Demographic Information	O	1		
			LOOP ID - 2110C			1	
	130	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1		
			LOOP ID - 2000D			1	
	010	HL	Dependent Level	O	1		

			LOOP ID - 2100D			1
M	030	NM1	Dependent Name	M	1	
	040	REF	Dependent Additional Identification	O	1	
	100	DMG	Dependent Demographic Information	O	1	
			LOOP ID - 2110D			1
Must Use	130	EQ	Dependent Eligibility or Benefit Inquiry Information	O	1	

Summary:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	210	SE	Transaction Set Trailer	M	1		

Segment:	**ST** Transaction Set Header	
Position:	010	
Loop:		
Level:	Heading	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To indicate the start of a transaction set and to assign a control number	
Syntax Notes:		
Semantic Notes:	1	The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
Comments:		
Notes:	Use this control segment to mark the start of a transaction set. One ST segment exists for every transaction set that occurs within a functional group.	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	ST01	143	**Transaction Set Identifier Code**	M ID 3/3

Code uniquely identifying a Transaction Set

Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set.

INDUSTRY: Transaction Set Identifier Code

		270	Eligibility, Coverage or Benefit Inquiry	
M	ST02	329	**Transaction Set Control Number**	M AN 4/9

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with the number, for example "0001", and increment from there. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges.

INDUSTRY: Transaction Set Control Number

Segment:	**BHT** Beginning of Hierarchical Transaction		
Position:	020		
Loop:			
Level:	Heading		
Usage:	Mandatory		
Max Use:	1		
Purpose:	To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time		
Syntax Notes:			
Semantic Notes:	1	BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.	
	2	BHT04 is the date the transaction was created within the business application system.	
	3	BHT05 is the time the transaction was created within the business application system.	
Comments:			
Notes:	Use this required segment to start the transaction set and indicate the sequence of the hierarchical levels of information that will follow in Table 2.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	BHT01	1005	**Hierarchical Structure Code**	M ID 4/4
			Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	
			Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.	
			INDUSTRY: Hierarchical Structure Code	
			0022 Information Source, Information Receiver, Subscriber, Dependent	
M	BHT02	353	**Transaction Set Purpose Code**	M ID 2/2
			Code identifying purpose of transaction set	
			INDUSTRY: Transaction Set Purpose Code	
			13 Request	
Must Use	BHT03	127	**Reference Identification**	O AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			This element is required to be used if the transaction is processed in Real Time.	
			This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is to be returned in the corresponding 271 transaction's BHT03. This identifier will only be returned by the last entity to	

handle the 270. This identifier will not be passed through the complete life of the transaction. All recipients of 270 transactions are required to return the Submitter Transaction Identifier in their 271 response if one is submitted.

INDUSTRY: Submitter Transaction Identifier

Must Use	BHT04	373	Date	O	DT 8/8

Date expressed as CCYYMMDD

Use this date for the date the transaction set was generated.

INDUSTRY: Transaction Set Creation Date

Must Use	BHT05	337	Time	O	TM 4/8

Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

Use this time for the time the transaction set was generated.

INDUSTRY: Transaction Set Creation Time

Segment:	**HL** Information Source Level
Position:	010
Loop:	2000A Mandatory
Level:	Detail
Usage:	Mandatory
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	

Comments:

1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.

2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

In a batch environment, only one Loop 2000A (Information Source) loop is to be created for each unique information source in a transaction. Each Loop 2000B (Information Receiver) loop that is subordinate to an information source is to be contained within only one Loop 2000A loop. There has been a misuse of the HL structure creating multiple Loops 2000As for the same information source. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
    Subscriber (Loop 2000C)
        Dependent (Loop 2000D)
            Eligibility or Benefit Inquiry

Dependent (Loop 2000D)
   Eligibility or Benefit Inquiry
Subscriber (Loop 2000C)
   Eligibility or Benefit Inquiry

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~

INDUSTRY: Hierarchical ID Number

  1   Sequential Number

	Ref. Des.	Data Element	Name	Attributes
M	HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

  20   Information Source
             Identifies the payor, maintainer, or source of the information

	Ref. Des.	Data Element	Name	Attributes
Must Use	HL04	736	**Hierarchical Child Code**	O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in the HL04 at the Loop 2000A level should always be "1".

INDUSTRY: Hierarchical Child Code

  1   Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment:		**NM1** Information Source Name		
Position:		030		
Loop:		2100A	Mandatory	
Level:		Detail		
Usage:		Mandatory		
Max Use:		1		
Purpose:		To supply the full name of an individual or organizational entity		
Syntax Notes:		1	If either NM108 or NM109 is present, then the other is required.	
		2	If NM111 is present, then NM110 is required.	
Semantic Notes:		1	NM102 qualifies NM103.	
Comments:		1	NM110 and NM111 further define the type of entity in NM101.	
Notes:		Use this NM1 loop to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility or benefit information source, (e.g., insurance company, HMO, IPA, employer).		

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**		M ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual		
			INDUSTRY: Entity Identifier Code		
			PR Payer		
M	NM102	1065	**Entity Type Qualifier**		M ID 1/1
			Code qualifying the type of entity		
			Use this code to indicate whether the entity is an individual person or an organization.		
			INDUSTRY: Entity Type Qualifier		
			2 Non-Person Entity		
	NM103	1035	**Name Last or Organization Name**		O AN 1/35
			Individual last name or organizational name		
			Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.		
			INDUSTRY: Information Source Last or Organization Name		
Must Use	NM108	66	**Identification Code Qualifier**		X ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)		
			Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.		

INDUSTRY: Identification Code Qualifier		
24	Employer's Identification Number	
46	Electronic Transmitter Identification Number (ETIN)	
	A unique number assigned to each transmitter and software developer	
FI	Federal Taxpayer's Identification Number	
NI	National Association of Insurance Commissioners (NAIC) Identification	
PI	Payor Identification	
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)	
XX	Health Care Financing Administration National Provider Identifier	

Must Use	**NM109**	**67**	**Identification Code**	**X**	**AN 2/80**

Code identifying a party or other code

Use this reference number as qualified by the preceding data element (NM108).

INDUSTRY: Information Source Primary Identifier

Segment:	**HL** Information Receiver Level
Position:	010
Loop:	2000B Mandatory
Level:	Detail
Usage:	Mandatory
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	

Comments:

1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
   The HL segment defines a top-down/left-right ordered structure.

2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

In a batch environment, only one Loop 2000B (Information Receiver) loop is to be created for each unique information receiver within an Loop 2000A (Information Source) loop. Each Loop 2000C (Subscriber) loop that is subordinate to an information receiver is to be contained within only one Loop 2000B loop. There has been a misuse of the HL structure creating multiple Loop 2000Bs for the same information receiver with in an information source loop. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
   Subscriber (Loop 2000C)
       Dependent (Loop 2000D)

> Eligibility or Benefit Inquiry
> Dependent (Loop 2000D)
>> Eligibility or Benefit Inquiry
> Subscriber (Loop 2000C)
>> Eligibility or Benefit Inquiry

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

> Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).
>
> An example of the use of the HL segment and this data element is:
> HL*1**20*1~
> NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
> HL*2*1*21*1~
> NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
>
> INDUSTRY: Hierarchical ID Number

> 2   Sequential

Must Use	HL02	734	**Hierarchical Parent ID Number**	O AN 1/12

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

> Use this code to identify the specific hierarchical level to which this level is subordinate.
>
> INDUSTRY: Hierarchical Parent ID Number

> 1

M	HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

> All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.
>
> INDUSTRY: Hierarchical Level Code

> 21   Information Receiver
>   Identifies the provider or party(ies) who are the recipient(s) of the information

Must Use	HL04	736	**Hierarchical Child Code**	O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels
subordinate to the current hierarchical level.

Because of the hierarchical structure, and because an additional HL always
exists in this transaction, the code value in HL04 at the Loop 2000B level will
always be "1".

INDUSTRY: Hierarchical Child Code

1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment:		**NM1** Information Receiver Name		
Position:		030		
Loop:		2100B Mandatory		
Level:		Detail		
Usage:		Mandatory		
Max Use:		1		
Purpose:		To supply the full name of an individual or organizational entity		
Syntax Notes:		1	If either NM108 or NM109 is present, then the other is required.	
		2	If NM111 is present, then NM110 is required.	
Semantic Notes:		1	NM102 qualifies NM103.	
Comments:		1	NM110 and NM111 further define the type of entity in NM101.	
Notes:		Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, employer, IPA, or hospital).		

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**		**M ID 2/3**
			Code identifying an organizational entity, a physical location, property or an individual		
			INDUSTRY: Entity Identifier Code		
			P5	Plan Sponsor	
M	NM102	1065	**Entity Type Qualifier**		**M ID 1/1**
			Code qualifying the type of entity		
			Use this code to indicate whether the entity is an individual person or an organization.		
			INDUSTRY: Entity Type Qualifier		
			2	Non-Person Entity	
	NM103	1035	**Name Last or Organization Name**		**O AN 1/35**
			Individual last name or organizational name		
			Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the receiver of eligibility or benefit information.		
			INDUSTRY: Information Receiver Last or Organization Name		
			DOD		
Must Use	NM108	66	**Identification Code Qualifier**		**X ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following		

hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the National Provider ID is mandated for use, use code value "XX". Otherwise one of the other code values may be used. If another code value is used, the following hierarchy must be applied: Use the first code that applies: "SV", "PP", "FI", "34", "24", "PI". The code "SV" is recommended to be used prior to the mandated of use of National Provider ID.

INDUSTRY: Identification Code Qualifier

PI		Payor Identification

Use this code only when the 270/271 transaction sets are used between two payers.

Must Use	NM109	67	Identification Code		X	AN 2/80

Code identifying a party or other code

Use this reference number as qualified by the preceding data element (NM108).

INDUSTRY: Information Receiver Identification Number

DMDCDEERS1600NB

Segment:	**HL** Subscriber Level
Position:	010
Loop:	2000C Mandatory
Level:	Detail
Usage:	Mandatory
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	
Comments:	1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data. The HL segment defines a top-down/left-right ordered structure.
	2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Notes:	If the transaction set is to be used in a real time mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain only one patient request. One patient is defined as either, one subscriber loop if the member is the patient, or one dependent loop if the dependent is the patient. If the transaction set is to be used in a batch mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain a maximum of ninety-nine patient requests. Each patient is defined as either, one subscriber loop if the member is the patient, or one subscriber loop and one dependent loop if the dependent is the patient. Although it is not recommended, if the number of patients is to be greater than one for real time mode or greater than ninety-nine for batch mode, the trading partners (the Information Source, the Information Receiver and the switch the transaction is routed through, if there is one involved) must all agree to exceed the number of patient requests and agree to a reasonable limit.
	Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.
	An example of the overall structure of the transaction set when used in batch mode is:

Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
   Subscriber (Loop 2000C)
      Dependent (Loop 2000D)
         Eligibility or Benefit Inquiry
      Dependent (Loop 2000D)
         Eligibility or Benefit Inquiry
   Subscriber (Loop 2000C)
      Eligibility or Benefit Inquiry

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~
HL*4*3*23*0~
NM1*03*1*SMITH*MARY*LOU~
Eligibility/Benefit Data
HL*5*2*22*0~
NM1*IL*1*BROWN*JOHN*E***MI*22211333301~
Eligibility/Benefit Data

INDUSTRY: Hierarchical ID Number

   3   Sequential

	Ref. Des.	Data Element	Name	Attributes
Must Use	HL02	734	**Hierarchical Parent ID Number**	O AN 1/12

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this code to identify the specific hierarchical level to which this level is subordinate.

INDUSTRY: Hierarchical Parent ID Number

   2

| M | HL03 | 735 | **Hierarchical Level Code** | **M** | **ID 1/2** |

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

22   Subscriber

Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits

| Must Use | HL04 | 736 | **Hierarchical Child Code** | **O** | **ID 1/1** |

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

If there is a Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "1". If there is no Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "0" (zero).

INDUSTRY: Hierarchical Child Code

0   No Subordinate HL Segment in This Hierarchical Structure.

1   Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment:	**NM1** Subscriber Name
Position:	030
Loop:	2100C Mandatory
Level:	Detail
Usage:	Mandatory
Max Use:	1
Purpose:	To supply the full name of an individual or organizational entity
Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
	2 If NM111 is present, then NM110 is required.
Semantic Notes:	1 NM102 qualifies NM103.
Comments:	1 NM110 and NM111 further define the type of entity in NM101.
Notes:	Use this segment to identify an entity by name and/or identification number. Use this NM1 loop to identify the insured or subscriber.
	Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	NM101	98	**Entity Identifier Code**	M	ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual		
			INDUSTRY: Entity Identifier Code		
			IL Insured or Subscriber		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			Use this code to indicate whether the entity is an individual person or an organization.		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
	NM103	1035	**Name Last or Organization Name**	O	AN 1/35
			Individual last name or organizational name		
			Use this name for the subscriber's last name.		
			Use this name if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.		
			INDUSTRY: Subscriber Last Name		
	NM104	1036	**Name First**	O	AN 1/25
			Individual first name		
			Use this name for the subscriber's first name.		

Use this name if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.

INDUSTRY: Subscriber First Name

Segment:	**REF** Subscriber Additional Identification	
Position:	040	
Loop:	2100C Mandatory	
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify identifying information	
Syntax Notes:	1 At least one of REF02 or REF03 is required.	
	2 If either C04003 or C04004 is present, then the other is required.	
	3 If either C04005 or C04006 is present, then the other is required.	
Semantic Notes:	1 REF04 contains data relating to the value cited in REF02.	
Comments:		
Notes:	Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.	
	Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.	
	Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	REF01	128	**Reference Identification Qualifier**	M ID 2/3
			Code qualifying the Reference Identification	
			Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.	
			INDUSTRY: Reference Identification Qualifier	
			SY Social Security Number	
			The social security number may not be used for any Federally administered programs such as Medicare.	
Must Use	REF02	127	**Reference Identification**	X AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Use this reference number as qualified by the preceding data element (REF01).	
			INDUSTRY: Subscriber Supplemental Identifier	

Segment:	**DMG** Subscriber Demographic Information
Position:	100
Loop:	2100C Mandatory
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply demographic information
Syntax Notes:	1 If either DMG01 or DMG02 is present, then the other is required.
Semantic Notes:	1 DMG02 is the date of birth.
	2 DMG07 is the country of citizenship.
	3 DMG09 is the age in years.
Comments:	
Notes:	Use this segment when needed to convey birth date or gender demographic information for the subscriber.
	Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Data Element Summary

Ref. Des.	Data Element	Name		Attributes
DMG01	1250	**Date Time Period Format Qualifier**	X	ID 2/3
		Code indicating the date format, time format, or date and time format		
		Use this code to indicate the format of the date of birth that follows in DMG02.		
		Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.		
		INDUSTRY: Date Time Period Format Qualifier		
		D8 Date Expressed in Format CCYYMMDD		
DMG02	1251	**Date Time Period**	X	AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times		
		Use this date for the date of birth of the individual.		
		Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.		
		INDUSTRY: Subscriber Birth Date		
DMG03	1068	**Gender Code**	O	ID 1/1
		Code indicating the sex of the individual		
		Use this code to indicate the subscriber's gender.		
		Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.		

INDUSTRY: Subscriber Gender Code
F Female
M Male

Segment:	**EQ** Subscriber Eligibility or Benefit Inquiry Information
Position:	130
Loop:	2110C Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify inquired eligibility or benefit information
Syntax Notes:	1 At least one of EQ01 or EQ02 is required.
Semantic Notes:	
Comments:	
Notes:	Use this segment to begin the eligibility/benefit inquiry looping structure.

Use the EQ loop/segment when the subscriber is the patient whose eligibility or benefits are being verified. When the subscriber is not the patient, this loop must not be used.

If the EQ segment is used, either EQ01 - Service Type Code or EQ02 - Composite Medical Procedure Identifier must be used. Only EQ01 or EQ02 is to be sent, not both. An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01. An information source may support the use of Service Type Codes other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110C.

If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Data Element Summary

Ref. Des.	Data Element	Name	Attributes
EQ01	1365	**Service Type Code**	X ID 1/2

Code identifying the classification of service

An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01.

An information source may support the use of Service Type Codes from the list other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. If an information source supports codes in addition to "30", the information source may provide a list of the supported codes from the list below to the information receiver. If no list is provided, an information receiver may transmit the most appropriate code.

If an inquiry is submitted with a Service Type Code from the list other than
"30" and the information source does not support this level of functionality, a
generic response will be returned. The generic response will be the same
response as if a Service Type Code of "30" (Health Benefit Plan Coverage)
was received by the information source. Refer to Section 1.3.6 for additional
information.

Not used if EQ02 is used.

INDUSTRY: Service Type Code

30	Health Benefit Plan Coverage	
	If only a single category of inquiry can be supported, use this code.	

EQ03   1207   Coverage Level Code   O   ID 3/3

Code indicating the level of coverage being provided for this insured

Use EQ03 when an information source supports or may be thought to support
the function of identifying benefits by the Benefit Coverage Level Code. Use
this code to identify the types and number of entities that the request is to apply
to. If not supported, the information source will process without this data
element.

INDUSTRY: Benefit Coverage Level Code

IND	Individual

Segment:	**HL** Dependent Level
Position:	010
Loop:	2000D Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	
Comments:	1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data. The HL segment defines a top-down/left-right ordered structure.
	2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Notes:	Use the Dependent Level only if the patient is a dependent of a member and cannot be uniquely identified to the information source without the member's information in the Subscriber Level. If a patient is a dependent of a member, but can be uniquely identified to the information source (such as by, but not limited to, a unique Member Identification Number) then the patient is considered the subscriber and is to be identified in the Subscriber Level. Because the usage of this segment is "Situational", this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature. Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source. An example of the overall structure of the transaction set when used in batch mode is: Information Source (Loop 2000A)

Information Receiver (Loop 2000B)
   Subscriber (Loop 2000C)
      Dependent (Loop 2000D)
         Eligibility or Benefit Inquiry
      Dependent (Loop 2000D)
         Eligibility or Benefit Inquiry
   Subscriber (Loop 2000C)
      Eligibility or Benefit Inquiry

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~
HL*4*3*23*0~
NM1*03*1*SMITH*MARY*LOU~
Eligibility/Benefit Data
HL*5*2*22*0~
NM1*IL*1*BROWN*JOHN*E***MI*22211333301~
Eligibility/Benefit Data

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~
HL*4*3*23*0~
NM1*03*1*SMITH*MARY*LOU~
 Eligibility/Benefit Data
HL*5*2*22*0~

NM1*IL*1*BROWN*JOHN*E***MI*22211333301~

Eligibility/Benefit Data

INDUSTRY: Hierarchical ID Number

		4	Sequential		

Must Use	HL02	734	**Hierarchical Parent ID Number**	O	AN 1/12

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this code to identify the specific hierarchical level to which this level is subordinate.

INDUSTRY: Hierarchical Parent ID Number

		3			

M	HL03	735	**Hierarchical Level Code**	M	ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

		23	Dependent		
			Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits		

Must Use	HL04	736	**Hierarchical Child Code**	O	ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, and because no HL level is subordinate to this level, the code value in the HL04 at the Loop 2000D level should always be "0" (zero).

INDUSTRY: Hierarchical Child Code

		0	No Subordinate HL Segment in This Hierarchical Structure.		

Segment:	**NM1** Dependent Name		
Position:	030		
Loop:	2100D	Mandatory	
Level:	Detail		
Usage:	Mandatory		
Max Use:	1		
Purpose:	To supply the full name of an individual or organizational entity		
Syntax Notes:	1	If either NM108 or NM109 is present, then the other is required.	
	2	If NM111 is present, then NM110 is required.	
Semantic Notes:	1	NM102 qualifies NM103.	
Comments:	1	NM110 and NM111 further define the type of entity in NM101.	
Notes:	Use this segment to identify an entity by name. This NM1 loop is used to identify the dependent of an insured or subscriber. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	NM101	98	**Entity Identifier Code**	M ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			03 Dependent	
M	NM102	1065	**Entity Type Qualifier**	M ID 1/1
			Code qualifying the type of entity	
			Use this code to indicate whether the entity is an individual person or an organization. INDUSTRY: Entity Type Qualifier	
			1 Person	
	NM103	1035	**Name Last or Organization Name**	O AN 1/35
			Individual last name or organizational name	
			Use this name for the dependent's last name. Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information. INDUSTRY: Dependent Last Name	
	NM104	1036	**Name First**	O AN 1/25
			Individual first name	
			Use this name for the dependent's first name.	

Use this element if utilizing the HIPAA search option. See Section 1.3.8 for
more information.

INDUSTRY: Dependent First Name

Segment:	**REF** Dependent Additional Identification
Position:	040	
Loop:	2100D	Mandatory
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify identifying information
Syntax Notes:	1	At least one of REF02 or REF03 is required.
	2	If either C04003 or C04004 is present, then the other is required.
	3	If either C04005 or C04006 is present, then the other is required.
Semantic Notes:	1	REF04 contains data relating to the value cited in REF02.
Comments:		
Notes:	Use this segment when needed to convey identification numbers for the dependent. The type of reference number is determined by the qualifier in REF01.
	Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	REF01	128	**Reference Identification Qualifier**	M ID 2/3

Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

INDUSTRY: Reference Identification Qualifier

SY	Social Security Number

The social security number may not be used for any Federally administered programs such as Medicare.

	Ref. Des.	Data Element	Name	Attributes
Must Use	REF02	127	**Reference Identification**	X AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Use this reference number as qualified by the preceding data element (REF01).

INDUSTRY: Dependent Supplemental Identifier

Segment:	**DMG** Dependent Demographic Information	
Position:	100	
Loop:	2100D	Mandatory
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To supply demographic information	
Syntax Notes:	1	If either DMG01 or DMG02 is present, then the other is required.
Semantic Notes:	1	DMG02 is the date of birth.
	2	DMG07 is the country of citizenship.
	3	DMG09 is the age in years.
Comments:		
Notes:	Use this segment when needed to convey the birth date or gender demographic information for the dependent.	
	Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.	

Data Element Summary

Ref. Des.	Data Element	Name	Attributes	
DMG01	1250	**Date Time Period Format Qualifier**	X	ID 2/3
		Code indicating the date format, time format, or date and time format		
		Use this code to indicate the format of the date of birth that follows in DMG02.		
		Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.		
		INDUSTRY: Date Time Period Format Qualifier		
		D8 Date Expressed in Format CCYYMMDD		
DMG02	1251	**Date Time Period**	X	AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times		
		Use this date for the date of birth of the individual.		
		Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.		
		INDUSTRY: Dependent Birth Date		
DMG03	1068	**Gender Code**	O	ID 1/1
		Code indicating the sex of the individual		
		Use this code to indicate the dependent's gender.		
		Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.		

INDUSTRY: Dependent Gender Code	
F	Female
M	Male

Segment:	**EQ** Dependent Eligibility or Benefit Inquiry Information
Position:	130
Loop:	2110D Optional (Must Use)
Level:	Detail
Usage:	Optional (Must Use)
Max Use:	1
Purpose:	To specify inquired eligibility or benefit information
Syntax Notes:	1 At least one of EQ01 or EQ02 is required.
Semantic Notes:	
Comments:	
Notes:	Use this segment to begin the eligibility/benefit inquiry looping structure.

If the EQ segment is used, either EQ01 - Service Type Code or EQ02 - Composite Medical Procedure Identifier must be used. Only EQ01 or EQ02 is to be sent, not both.
 An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01. An information source may support the use of Service Type Codes other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion.
 An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2100D.

If an inquiry is submitted with either a Service Type Code other than "30" in EQ01 or uses EQ02 and the information source does not support either of these levels of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Data Element Summary

Ref. Des.	Data Element	Name	Attributes
EQ01	1365	**Service Type Code**	X ID 1/2
		Code identifying the classification of service	

An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01.

An information source may support the use of Service Type Codes from the list other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. If an information source supports codes in addition to "30", the information source may provide a list of the supported codes from the list below to the information receiver. If no list is provided, an information receiver may transmit the most appropriate code.

If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a

generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Not used if EQ02 is used.

INDUSTRY: Service Type Code

30   Health Benefit Plan Coverage

If only a single category of inquiry can be supported, use this code.

EQ03   1207   Coverage Level Code   O   ID 3/3

Code indicating the level of coverage being provided for this insured

Use EQ03 when an information source supports or may be thought to support the function of identifying benefits by the Benefit Coverage Level Code. Use this code to identify the types and number of entities that the request is to apply to. If not supported, the information source will process without this data element.

INDUSTRY: Benefit Coverage Level Code

IND   Individual

Segment:	**SE** Transaction Set Trailer	
Position:	210	
Loop:		
Level:	Summary	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)	
Syntax Notes:		
Semantic Notes:		
Comments:	1 SE is the last segment of each transaction set.	
Notes:	Use this segment to mark the end of a transaction set and provide control information on the total number of segments included in the transaction set.	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	SE01	96	**Number of Included Segments**	M	N0 1/10
			Total number of segments included in a transaction set including ST and SE segments		
			Use this number to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments.		
			INDUSTRY: Transaction Segment Count		
M	SE02	329	**Transaction Set Control Number**	M	AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set		
			The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific functional group (segments GS through GE) and interchange, but can repeat in other groups and interchanges.		
			INDUSTRY: Transaction Set Control Number		

6.   270 Health Care Coverage for CMS 6 Month Inquiry

<div align="right">Functional Group ID=HS</div>

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to inquire about the eligibility, coverages or benefits associated with a benefit plan, employer, plan sponsor, subscriber or a dependent under the subscriber's policy. The transaction set is intended to be used by all lines of insurance such as Health, Life, and Property and Casualty.

Heading:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	010	ST	Transaction Set Header	M	1		
M	020	BHT	Beginning of Hierarchical Transaction	M	1		

Detail:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000A			1	
M	010	HL	Information Source Level	M	1		
			LOOP ID - 2100A			1	
M	030	NM1	Information Source Name	M	1		
			LOOP ID - 2000B			1	
M	010	HL	Information Receiver Level	M	1		
			LOOP ID - 2100B			1	
M	030	NM1	Information Receiver Name	M	1		
			LOOP ID - 2000C			1	
M	010	HL	Subscriber Level	M	1		
			LOOP ID - 2100C			1	
M	030	NM1	Subscriber Name	M	1		
	040	REF	Subscriber Additional Identification	O	1		
			LOOP ID - 2110C			1	
	130	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1		

Summary:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	210	SE	Transaction Set Trailer	M	1		

	Segment:	**ST** Transaction Set Header
	Position:	010
	Loop:	
	Level:	Heading
	Usage:	Mandatory
	Max Use:	1
	Purpose:	To indicate the start of a transaction set and to assign a control number
	Syntax Notes:	
	Semantic Notes:	1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
	Comments:	
	Notes:	Use this control segment to mark the start of a transaction set. One ST segment exists for every transaction set that occurs within a functional group.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	ST01	143	**Transaction Set Identifier Code**	M ID 3/3

Code uniquely identifying a Transaction Set

Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set.

INDUSTRY: Transaction Set Identifier Code

    270   Eligibility, Coverage or Benefit Inquiry

	Ref. Des.	Data Element	Name	Attributes
M	ST02	329	**Transaction Set Control Number**	M AN 4/9

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with the number, for example "0001", and increment from there. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges.

INDUSTRY: Transaction Set Control Number

Segment:	**BHT** Beginning of Hierarchical Transaction		
Position:	020		
Loop:			
Level:	Heading		
Usage:	Mandatory		
Max Use:	1		
Purpose:	To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time		
Syntax Notes:			
Semantic Notes:	1 BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.		
	2 BHT04 is the date the transaction was created within the business application system.		
	3 BHT05 is the time the transaction was created within the business application system.		
Comments:			
Notes:	Use this required segment to start the transaction set and indicate the sequence of the hierarchical levels of information that will follow in Table 2.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	BHT01	1005	**Hierarchical Structure Code**	**M ID 4/4**
			Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	
			Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.	
			INDUSTRY: Hierarchical Structure Code	
			0022 Information Source, Information Receiver, Subscriber, Dependent	
M	BHT02	353	**Transaction Set Purpose Code**	**M ID 2/2**
			Code identifying purpose of transaction set	
			INDUSTRY: Transaction Set Purpose Code	
			13 Request	
Must Use	BHT03	127	**Reference Identification**	**O AN 1/30**
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			This element is required to be used if the transaction is processed in Real Time.	
			This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is to be returned in the corresponding 271 transaction's BHT03. This identifier will only be returned by the last entity to	

handle the 270. This identifier will not be passed through the complete life of the transaction. All recipients of 270 transactions are required to return the Submitter Transaction Identifier in their 271 response if one is submitted.

INDUSTRY: Submitter Transaction Identifier

Must Use	BHT04	373	Date	O	DT 8/8

Date expressed as CCYYMMDD

Use this date for the date the transaction set was generated.

INDUSTRY: Transaction Set Creation Date

Must Use	BHT05	337	Time	O	TM 4/8

Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

Use this time for the time the transaction set was generated.

INDUSTRY: Transaction Set Creation Time

Segment:	**HL** **Information Source Level**
Position:	010
Loop:	2000A Mandatory
Level:	Detail
Usage:	Mandatory
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	

Comments:

1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.

2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

In a batch environment, only one Loop 2000A (Information Source) loop is to be created for each unique information source in a transaction. Each Loop 2000B (Information Receiver) loop that is subordinate to an information source is to be contained within only one Loop 2000A loop. There has been a misuse of the HL structure creating multiple Loops 2000As for the same information source. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
    Subscriber (Loop 2000C)
        Dependent (Loop 2000D)
            Eligibility or Benefit Inquiry

	Dependent (Loop 2000D)
	Eligibility or Benefit Inquiry
Subscriber (Loop 2000C)	
	Eligibility or Benefit Inquiry

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~

INDUSTRY: Hierarchical ID Number

1	Sequential Number

	Ref. Des.	Data Element	Name	Attributes
M	HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

20	Information Source
	Identifies the payor, maintainer, or source of the information

	Ref. Des.	Data Element	Name	Attributes
Must Use	HL04	736	**Hierarchical Child Code**	O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in the HL04 at the Loop 2000A level should always be "1".

INDUSTRY: Hierarchical Child Code

1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment:		**NM1** Information Source Name
Position:		030
Loop:		2100A Mandatory
Level:		Detail
Usage:		Mandatory
Max Use:		1
Purpose:		To supply the full name of an individual or organizational entity
Syntax Notes:	1	If either NM108 or NM109 is present, then the other is required.
	2	If NM111 is present, then NM110 is required.
Semantic Notes:	1	NM102 qualifies NM103.
Comments:	1	NM110 and NM111 further define the type of entity in NM101.
Notes:		Use this NM1 loop to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility or benefit information source, (e.g., insurance company, HMO, IPA, employer).

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**		**M ID 2/3**
			Code identifying an organizational entity, a physical location, property or an individual		
			INDUSTRY: Entity Identifier Code		
			PR	Payer	
M	NM102	1065	**Entity Type Qualifier**		**M ID 1/1**
			Code qualifying the type of entity		
			Use this code to indicate whether the entity is an individual person or an organization.		
			INDUSTRY: Entity Type Qualifier		
			2	Non-Person Entity	
	NM103	1035	**Name Last or Organization Name**		**O AN 1/35**
			Individual last name or organizational name		
			Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.		
			INDUSTRY: Information Source Last or Organization Name		
Must Use	NM108	66	**Identification Code Qualifier**		**X ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.		

			INDUSTRY: Identification Code Qualifier		
		24	Employer's Identification Number		
		46	Electronic Transmitter Identification Number (ETIN)		
			A unique number assigned to each transmitter and software developer		
		FI	Federal Taxpayer's Identification Number		
		NI	National Association of Insurance Commissioners (NAIC) Identification		
		PI	Payor Identification		
		XV	Health Care Financing Administration National Payer Identification Number (PAYERID)		
		XX	Health Care Financing Administration National Provider Identifier		
Must Use	**NM109**	**67**	**Identification Code**	**X**	**AN 2/80**

Code identifying a party or other code

Use this reference number as qualified by the preceding data element (NM108).

INDUSTRY: Information Source Primary Identifier

Segment:	**HL** Information Receiver Level
Position:	010
Loop:	2000B Mandatory
Level:	Detail
Usage:	Mandatory
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	

Comments:

1   The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
   The HL segment defines a top-down/left-right ordered structure.

2   HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

3   HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

4   HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

5   HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

In a batch environment, only one Loop 2000B (Information Receiver) loop is to be created for each unique information receiver within an Loop 2000A (Information Source) loop. Each Loop 2000C (Subscriber) loop that is subordinate to an information receiver is to be contained within only one Loop 2000B loop. There has been a misuse of the HL structure creating multiple Loop 2000Bs for the same information receiver with an information source loop. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source (Loop 2000A)
Information Receiver (Loop 2000B)

   Subscriber (Loop 2000C)

      Dependent (Loop 2000D)

Eligibility or Benefit Inquiry
  Dependent (Loop 2000D)
    Eligibility or Benefit Inquiry
  Subscriber (Loop 2000C)
    Eligibility or Benefit Inquiry

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~

INDUSTRY: Hierarchical ID Number

		2	Sequential	
Must Use	HL02	734	**Hierarchical Parent ID Number**	O AN 1/12

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this code to identify the specific hierarchical level to which this level is subordinate.

INDUSTRY: Hierarchical Parent ID Number

		1		
M	HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

		21	Information Receiver	

Identifies the provider or party(ies) who are the recipient(s) of the information

Must Use	HL04	736	**Hierarchical Child Code**	O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in HL04 at the Loop 2000B level will always be "1".

INDUSTRY: Hierarchical Child Code

1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment:		**NM1** Information Receiver Name		
Position:		030		
Loop:		2100B Mandatory		
Level:		Detail		
Usage:		Mandatory		
Max Use:		1		
Purpose:		To supply the full name of an individual or organizational entity		
Syntax Notes:	1	If either NM108 or NM109 is present, then the other is required.		
	2	If NM111 is present, then NM110 is required.		
Semantic Notes:	1	NM102 qualifies NM103.		
Comments:	1	NM110 and NM111 further define the type of entity in NM101.		
Notes:		Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, employer, IPA, or hospital).		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	NM101	98	**Entity Identifier Code**	**M ID 2/3**
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			P5 Plan Sponsor	
M	NM102	1065	**Entity Type Qualifier**	**M ID 1/1**
			Code qualifying the type of entity	
			Use this code to indicate whether the entity is an individual person or an organization. INDUSTRY: Entity Type Qualifier	
			2 Non-Person Entity	
	NM103	1035	**Name Last or Organization Name**	**O AN 1/35**
			Individual last name or organizational name	
			Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the receiver of eligibility or benefit information. INDUSTRY: Information Receiver Last or Organization Name	
			DOD	
Must Use	NM108	66	**Identification Code Qualifier**	**X ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)	
			Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following	

hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the National Provider ID is mandated for use, use code value "XX". Otherwise one of the other code values may be used. If another code value is used, the following hierarchy must be applied: Use the first code that applies: "SV", "PP", "FI", "34", "24", "PI". The code "SV" is recommended to be used prior to the mandated of use of National Provider ID.

INDUSTRY: Identification Code Qualifier

	PI	Payor Identification

Use this code only when the 270/271 transaction sets are used between two payers.

Must Use	NM109	67	Identification Code	X	AN 2/80

Code identifying a party or other code

Use this reference number as qualified by the preceding data element (NM108).

INDUSTRY: Information Receiver Identification Number

DMDCDEERS1600NB

Segment:	**HL** Subscriber Level	
Position:	010	
Loop:	2000C	Mandatory
Level:	Detail	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments	
Syntax Notes:		
Semantic Notes:		
Comments:	1	The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
		The HL segment defines a top-down/left-right ordered structure.
	2	HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4	HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5	HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Notes:		If the transaction set is to be used in a real time mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain only one patient request. One patient is defined as either, one subscriber loop if the member is the patient, or one dependent loop if the dependent is the patient. If the transaction set is to be used in a batch mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain a maximum of ninety-nine patient requests. Each patient is defined as either, one subscriber loop if the member is the patient, or one subscriber loop and one dependent loop if the dependent is the patient. Although it is not recommended, if the number of patients is to be greater than one for real time mode or greater than ninety-nine for batch mode, the trading partners (the Information Source, the Information Receiver and the switch the transaction is routed through, if there is one involved) must all agree to exceed the number of patient requests and agree to a reasonable limit.
		Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.
		An example of the overall structure of the transaction set when used in batch mode is:

Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
   Subscriber (Loop 2000C)
      Dependent (Loop 2000D)
         Eligibility or Benefit Inquiry
      Dependent (Loop 2000D)
         Eligibility or Benefit Inquiry
   Subscriber (Loop 2000C)
      Eligibility or Benefit Inquiry

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~
HL*4*3*23*0~
NM1*03*1*SMITH*MARY*LOU~
Eligibility/Benefit Data
HL*5*2*22*0~
NM1*IL*1*BROWN*JOHN*E***MI*22211333301~
Eligibility/Benefit Data

INDUSTRY: Hierarchical ID Number
3   Sequential

	Ref. Des.	Data Element	Name	Attributes
Must Use	HL02	734	**Hierarchical Parent ID Number**	O AN 1/12

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this code to identify the specific hierarchical level to which this level is subordinate.

INDUSTRY: Hierarchical Parent ID Number
2

| M | HL03 | 735 | **Hierarchical Level Code** | **M   ID 1/2** |

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

22   Subscriber

Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits

| Must Use | HL04 | 736 | **Hierarchical Child Code** | **O   ID 1/1** |

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

If there is a Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "1". If there is no Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "0" (zero).

INDUSTRY: Hierarchical Child Code

0   No Subordinate HL Segment in This Hierarchical Structure.

| M | HL03 | 735 | **Hierarchical Level Code** | **M   ID 1/2** |

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

Segment:	**NM1** Subscriber Name	
Position:	030	
Loop:	2100C	Mandatory
Level:	Detail	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To supply the full name of an individual or organizational entity	
Syntax Notes:	1	If either NM108 or NM109 is present, then the other is required.
	2	If NM111 is present, then NM110 is required.
Semantic Notes:	1	NM102 qualifies NM103.
Comments:	1	NM110 and NM111 further define the type of entity in NM101.
Notes:	Use this segment to identify an entity by name and/or identification number. Use this NM1 loop to identify the insured or subscriber. Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	NM101	98	**Entity Identifier Code**	M ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			IL Insured or Subscriber	
M	NM102	1065	**Entity Type Qualifier**	M ID 1/1
			Code qualifying the type of entity	
			Use this code to indicate whether the entity is an individual person or an organization. INDUSTRY: Entity Type Qualifier	
			1 Person	

Segment:	**REF** Subscriber Additional Identification	
Position:	040	
Loop:	2100C	Mandatory
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify identifying information	
Syntax Notes:	1	At least one of REF02 or REF03 is required.
	2	If either C04003 or C04004 is present, then the other is required.
	3	If either C04005 or C04006 is present, then the other is required.
Semantic Notes:	1	REF04 contains data relating to the value cited in REF02.
Comments:		
Notes:	Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.

Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.

Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source. | |

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	REF01	128	**Reference Identification Qualifier**	M ID 2/3
			Code qualifying the Reference Identification	
			Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

INDUSTRY: Reference Identification Qualifier | |
			F6 Health Insurance Claim (HIC) Number	
			A unique number assigned by the government to each person entitled to Medicare benefits	
			See segment note 2.	
Must Use	REF02	127	**Reference Identification**	X AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Use this reference number as qualified by the preceding data element (REF01).

INDUSTRY: Subscriber Supplemental Identifier | |

Segment:	**EQ** Subscriber Eligibility or Benefit Inquiry Information	
Position:	130	
Loop:	2110C	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify inquired eligibility or benefit information	
Syntax Notes:	1	At least one of EQ01 or EQ02 is required.
Semantic Notes:		
Comments:		
Notes:	Use this segment to begin the eligibility/benefit inquiry looping structure.	

Use the EQ loop/segment when the subscriber is the patient whose eligibility or benefits are being verified. When the subscriber is not the patient, this loop must not be used.

If the EQ segment is used, either EQ01 - Service Type Code or EQ02 - Composite Medical Procedure Identifier must be used. Only EQ01 or EQ02 is to be sent, not both. An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01. An information source may support the use of Service Type Codes other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110C.

If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Data Element Summary

Ref. Des.	Data Element	Name	Attributes
EQ01	1365	**Service Type Code**	X ID 1/2
		Code identifying the classification of service	

An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01.

An information source may support the use of Service Type Codes from the list other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. If an information source supports codes in addition to "30", the information source may provide a list of the supported codes from the list below to the information receiver. If no list is provided, an information receiver may transmit the most appropriate code.

If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Not used if EQ02 is used.

INDUSTRY: Service Type Code

30	Health Benefit Plan Coverage

If only a single category of inquiry can be supported, use this code.

EQ03   1207   Coverage Level Code   O   ID 3/3

Code indicating the level of coverage being provided for this insured

Use EQ03 when an information source supports or may be thought to support the function of identifying benefits by the Benefit Coverage Level Code. Use this code to identify the types and number of entities that the request is to apply to. If not supported, the information source will process without this data element.

INDUSTRY: Benefit Coverage Level Code

IND	Individual

Segment:	**SE** Transaction Set Trailer
Position:	210
Loop:	
Level:	Summary
Usage:	Mandatory
Max Use:	1
Purpose:	To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)
Syntax Notes:	
Semantic Notes:	
Comments:	1 SE is the last segment of each transaction set.
Notes:	Use this segment to mark the end of a transaction set and provide control information on the total number of segments included in the transaction set.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	SE01	96	**Number of Included Segments**	M N0 1/10

Total number of segments included in a transaction set including ST and SE segments

Use this number to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments.

INDUSTRY: Transaction Segment Count

	Ref. Des.	Data Element	Name	Attributes
M	SE02	329	**Transaction Set Control Number**	M AN 4/9

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific functional group (segments GS through GE) and interchange, but can repeat in other groups and interchanges.

INDUSTRY: Transaction Set Control Number

7.   271 Health Care Coverage for CMS Response

Functional Group ID=HB

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Information Transaction Set (271) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to communicate information about or changes to eligibility, coverage or benefits from information sources (such as - insurers, sponsors, payors) to information receivers (such as - physicians, hospitals, repair facilities, third party administrators, governmental agencies). This information includes but is not limited to: benefit status, explanation of benefits, coverages, dependent coverage level, effective dates, amounts for co-insurance, co-pays, deductibles, exclusions and limitations.

Heading:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	010	ST	Transaction Set Header	M	1		
M	020	BHT	Beginning of Hierarchical Transaction	M	1		

Detail:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000A			1	
M	010	HL	Information Source Level	M	1		
	025	AAA	Request Validation	O	9		
			LOOP ID - 2100A			1	
Must Use	030	NM1	Information Source Name	O	1		
	085	AAA	Request Validation	O	9		
			LOOP ID - 2000B			1	
	010	HL	Information Receiver Level	O	1		
			LOOP ID - 2100B			1	
Must Use	030	NM1	Information Receiver Name	O	1		
	085	AAA	Information Receiver Request Validation	O	9		
			LOOP ID - 2000C			1	
	010	HL	Subscriber Level	O	1		
			LOOP ID - 2100C			1	
Must Use	030	NM1	Subscriber Name	O	1		
	040	REF	Subscriber Additional Identification	O	1		
	085	AAA	Subscriber Request Validation	O	9		

	100	DMG	Subscriber Demographic Information	O	1
	120	DTP	Subscriber Date	O	1
			LOOP ID - 2110C		>1
	130	EB	Subscriber Eligibility or Benefit Information <Medicare A>	O	1
Must Use	150	DTP	Subscriber Eligibility/Benefit Date	O	1
Must Use	150	DTP	Subscriber Eligibility/Benefit Date	O	1
			LOOP ID - 2110C		>1
	130	EB	Subscriber Eligibility or Benefit Information	O	1
Must Use	150	DTP	Subscriber Eligibility/Benefit Date	O	1
Must Use	150	DTP	Subscriber Eligibility/Benefit Date	O	1

Summary:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	410	SE	Transaction Set Trailer	M	1		

Segment:	**ST** Transaction Set Header
Position:	010
Loop:	
Level:	Heading
Usage:	Mandatory
Max Use:	1
Purpose:	To indicate the start of a transaction set and to assign a control number
Syntax Notes:	
Semantic Notes:	1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
Comments:	
Notes:	Use this control segment to mark the start of a transaction set. One ST segment exists for every transaction set that occurs within a functional group.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	ST01	143	**Transaction Set Identifier Code**	M ID 3/3

Code uniquely identifying a Transaction Set

Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set.

INDUSTRY: Transaction Set Identifier Code

		271	Eligibility, Coverage or Benefit Information	
M	ST02	329	**Transaction Set Control Number**	M AN 4/9

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges.

INDUSTRY: Transaction Set Control Number

Segment:	**BHT** Beginning of Hierarchical Transaction		
Position:	020		
Loop:			
Level:	Heading		
Usage:	Mandatory		
Max Use:	1		
Purpose:	To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time		
Syntax Notes:			
Semantic Notes:	1	BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.	
	2	BHT04 is the date the transaction was created within the business application system.	
	3	BHT05 is the time the transaction was created within the business application system.	
Comments:			
Notes:	Use this required segment to start the transaction set and indicate the sequence of the hierarchical levels of information that will follow in Table 2.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	BHT01	1005	**Hierarchical Structure Code**	**M ID 4/4**
			Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	
			Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.	
			INDUSTRY: Hierarchical Structure Code	
			0022 Information Source, Information Receiver, Subscriber, Dependent	
M	BHT02	353	**Transaction Set Purpose Code**	**M ID 2/2**
			Code identifying purpose of transaction set	
			INDUSTRY: Transaction Set Purpose Code	
			11 Response	
	BHT03	127	**Reference Identification**	**O AN 1/30**
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			This element is only to be used if the transaction is processed in Real Time. This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is to be the identifier received in the BHT03 of the corresponding 270 transaction. This identifier is not to be passed through the complete life of the transaction, rather replaced with the identifier received in the 270. All recipients of Real Time 270 transactions are required to return	

the Submitter Transaction Identifier in their 271 response.

INDUSTRY: Submitter Transaction Identifier

Must Use	BHT04	373	**Date**		**O**	**DT 8/8**

Date expressed as CCYYMMDD

Use this date for the date the transaction set was generated.

INDUSTRY: Transaction Set Creation Date

Must Use	BHT05	337	**Time**		**O**	**TM 4/8**

Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

Use this time for the time the transaction set was generated.

INDUSTRY: Transaction Set Creation Time

Segment:	**HL** Information Source Level
Position:	010
Loop:	2000A Mandatory
Level:	Detail
Usage:	Mandatory
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	
Comments:	1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
	The HL segment defines a top-down/left-right ordered structure.
	2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source Loop 2000A
Information Receiver Loop 2000B
     Subscriber Loop 2000C
          Dependent Loop 2000D
              Eligibility or Benefit Information
          Dependent Loop 2000D
              Eligibility or Benefit Information
     Subscriber Loop 2000C
          Eligibility or Benefit Information

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~

INDUSTRY: Hierarchical ID Number

   1

	Ref. Des.	Data Element	Name	Attributes
M	HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

   20   Information Source

Identifies the payor, maintainer, or source of the information

	Ref. Des.	Data Element	Name	Attributes
Must Use	HL04	736	**Hierarchical Child Code**	O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

INDUSTRY: Hierarchical Child Code

   0   No Subordinate HL Segment in This Hierarchical Structure.

Segment:	**AAA** Request Validation	
Position:	025	
Loop:	2000A	Mandatory
Level:	Detail	
Usage:	Optional	
Max Use:	9	
Purpose:	To specify the validity of the request and indicate follow-up action authorized	
Syntax Notes:		
Semantic Notes:	1	AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.
Comments:	1	If AAA02 is used, AAA03 contains a code from an industry code list.
Notes:	Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.	
	Use of this segment at this location in the HL is to identify reasons why a request cannot be processed based on the entities identified in ISA06, ISA08, GS02 or GS03.	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AAA01	1073	**Yes/No Condition or Response Code**	M ID 1/1
			Code indicating a Yes or No condition or response	
			INDUSTRY: Valid Request Indicator	
			N No	
			Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.	
			Y Yes	
			Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	
Must Use	AAA03	901	**Reject Reason Code**	O ID 2/2
			Code assigned by issuer to identify reason for rejection	
			Use this code to indicate the reason why the transaction was unable to be processed successfully by the entity identified in either ISA08 or GS03.	
			INDUSTRY: Reject Reason Code	
			04 Authorized Quantity Exceeded	
			Use this code to indicate that the transaction exceeds the number of patient requests allowed by the entity identified in either ISA08 or GS03. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction. This is not to be used to indicate that the number of patient requests exceeds the number allowed by the Information Source identified in Loop 2100A.	

		41	Authorization/Access Restrictions		

Use this code to indicate that the entity identified in GS02 is not authorized to submit 270 transactions to the entity identified in either ISA08 or GS03. This is not to be used to indicate Authorization/Access Restrictions as related to the Information Source Identified in Loop 2100A.

| | | 42 | Unable to Respond at Current Time | | |

Use this code to indicate that the entity identified in either ISA08 or GS03 is unable to process the transaction at the current time. This indicates that there is a problem within the systems of the entity identified in either ISA08 or GS03 and is not related to any problem with the Information Source Identified in Loop 2100A.

| | | 79 | Invalid Participant Identification | | |

Use this code to indicate that the value in either GS02 or GS03 is invalid.

| Must Use | AAA04 | 889 | **Follow-up Action Code** | O | ID 1/1 |

Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

INDUSTRY: Follow-up Action Code

C	Please Correct and Resubmit
N	Resubmission Not Allowed
P	Please Resubmit Original Transaction
R	Resubmission Allowed
S	Do Not Resubmit; Inquiry Initiated to a Third Party
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

	Segment:	**NM1** Information Source Name
	Position:	030
	Loop:	2100A Optional (Must Use)
	Level:	Detail
	Usage:	Optional (Must Use)
	Max Use:	1
	Purpose:	To supply the full name of an individual or organizational entity
	Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
		2 If NM111 is present, then NM110 is required.
	Semantic Notes:	1 NM102 qualifies NM103.
	Comments:	1 NM110 and NM111 further define the type of entity in NM101.
	Notes:	Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility or benefit information source (e.g., insurance company, HMO, IPA, employer).

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	NM101	98	**Entity Identifier Code**	M ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			P5 Plan Sponsor	
M	NM102	1065	**Entity Type Qualifier**	M ID 1/1
			Code qualifying the type of entity	
			Use this code to indicate whether the entity is an individual person or an organization.

INDUSTRY: Entity Type Qualifier | |
			2 Non-Person Entity	
	NM103	1035	**Name Last or Organization Name**	O AN 1/35
			Individual last name or organizational name	
			Use this name for the organization name if NM102 is "2". Otherwise, this will be the individual's last name.

Use if available.

INDUSTRY: Information Source Last or Organization Name | |
Must Use	NM108	66	**Identification Code Qualifier**	X ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	
			Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.	

		INDUSTRY: Identification Code Qualifier			
	HN	Health Insurance Claim (HIC) Number			
		Unique number assigned to individual for submitting claims covered by Medicare benefits			
Must Use	**NM109**	**67**	**Identification Code**	X	AN 2/80

Code identifying a party or other code

Use this code for the reference number as qualified by the preceding data element (NM108).

INDUSTRY: Information Source Primary Identifier

Segment:	**AAA** Request Validation
Position:	085
Loop:	2100A Optional (Must Use)
Level:	Detail
Usage:	Optional
Max Use:	9
Purpose:	To specify the validity of the request and indicate follow-up action authorized
Syntax Notes:	
Semantic Notes:	1 AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.
Comments:	1 If AAA02 is used, AAA03 contains a code from an industry code list.
Notes:	Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.
	Use this segment to indicate problems in processing the transaction specifically related to the information source data contained in the original 270 transaction's information source name loop (Loop 2100A) or to indicate that the information source itself is experiencing system problems.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AAA01	1073	**Yes/No Condition or Response Code**		M ID 1/1
			Code indicating a Yes or No condition or response		
			INDUSTRY: Valid Request Indicator		
			N	No	
				Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.	
			Y	Yes	
				Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	
Must Use	AAA03	901	**Reject Reason Code**		O ID 2/2
			Code assigned by issuer to identify reason for rejection		
			Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.		
			INDUSTRY: Reject Reason Code		
			04	Authorized Quantity Exceeded	
				Use this code to indicate that the transaction exceeds the number of patient requests allowed by the Information Source identified in Loop 2100A. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction.	

	41		Authorization/Access Restrictions	

Use this code to indicate that the entity identified in ISA06 or GS02 is not authorized to submit 270 transactions to the Information Source Identified in Loop 2100A.

42		Unable to Respond at Current Time	

Use this code to indicate that Information Source Identified in Loop 2100A is unable to process the transaction at the current time. This indicates that there is a problem within the Information Source's system.

79		Invalid Participant Identification	

Use this code to indicate that Information Source Identified in Loop 2100A is invalid. If the transaction is processed by a clearing house, VAN, etc., use this code to indicate that the Information Source Identified in Loop 2100A is not a valid identifier for Information Sources the clearing house, VAN, etc. have access to. If the transaction is sent directly to the Information Source, use this code to indicate that the Information Source Identified in Loop 2100A is not a valid identifier.

80		No Response received - Transaction Terminated	

Use this code only if the transaction is processed by a clearing house, VAN, etc. Use this code to indicate that the transaction was sent to the Information Source Identified in Loop 2100A however no response was received in the expected time frame.

T4		Payer Name or Identifier Missing	

Use this code to indicate that either the name or identifier for Information Source Identified in Loop 2100A is missing.

Must Use	AAA04	889	**Follow-up Action Code**	O	ID 1/1
			Code identifying follow-up actions allowed		

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

INDUSTRY: Follow-up Action Code

C		Please Correct and Resubmit
N		Resubmission Not Allowed
P		Please Resubmit Original Transaction
R		Resubmission Allowed
S		Do Not Resubmit; Inquiry Initiated to a Third Party
W		Please Wait 30 Days and Resubmit
X		Please Wait 10 Days and Resubmit
Y		Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Segment:	**HL** Information Receiver Level
Position:	010
Loop:	2000B Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	
Comments:	1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
	The HL segment defines a top-down/left-right ordered structure.
	2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Notes:	Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.
	An example of the overall structure of the transaction set when used in batch mode is:
	Information Source Loop 2000A
	Information Receiver Loop 2000B
	Subscriber Loop 2000C
	Dependent Loop 2000D
	Eligibility or Benefit Information
	Dependent Loop 2000D
	Eligibility or Benefit Information
	Subscriber Loop 2000C
	Eligibility or Benefit Information
	This segment is required if this loop is used.

Data Element Summary

Ref. Des.	Data Element	Name	Attributes
M HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
  HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~

INDUSTRY: Hierarchical ID Number

2	Sequential

Ref. Des.	Data Element	Name	Attributes
Must Use HL02	734	**Hierarchical Parent ID Number**	O AN 1/12

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this ID number to identify the specific hierarchical level to which this level is subordinate.

INDUSTRY: Hierarchical Parent ID Number

1	

Ref. Des.	Data Element	Name	Attributes
M HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

21	Information Receiver
	Identifies the provider or party(ies) who are the recipient(s) of the information

Ref. Des.	Data Element	Name	Attributes
Must Use HL04	736	**Hierarchical Child Code**	O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

INDUSTRY: Hierarchical Child Code

1	Additional Subordinate HL Data Segment in This

Hierarchical Structure.

Segment:	**NM1** Information Receiver Name	
Position:	030	
Loop:	2100B	Optional (Must Use)
Level:	Detail	
Usage:	Optional (Must Use)	
Max Use:	1	
Purpose:	To supply the full name of an individual or organizational entity	
Syntax Notes:	1	If either NM108 or NM109 is present, then the other is required.
	2	If NM111 is present, then NM110 is required.
Semantic Notes:	1	NM102 qualifies NM103.
Comments:	1	NM110 and NM111 further define the type of entity in NM101.
Notes:	Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, IPA, or hospital).	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	NM101	98	**Entity Identifier Code**	M ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			PR Payer	
M	NM102	1065	**Entity Type Qualifier**	M ID 1/1
			Code qualifying the type of entity	
			Use this code to indicate whether the entity is an individual person or an organization.	
			INDUSTRY: Entity Type Qualifier	
			2 Non-Person Entity	
	NM103	1035	**Name Last or Organization Name**	O AN 1/35
			Individual last name or organizational name	
			Use this name for the organization name if the entity type qualifier is a non-person entity. Otherwise, this will be the individual's last name.	
			Use if available.	
			INDUSTRY: Information Receiver Last or Organization Name	
Must Use	NM108	66	**Identification Code Qualifier**	X ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)	
			Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following hierarchy must be used. Additional identifiers are to be placed in the REF	

segment. If the information receiver is a provider and the National Provider ID is mandated for use, code value "XX" must be used. Otherwise, one of the following codes may be used with the following hierarchy applied: Use the first code that applies: "SV", "PP", "FI", "34". The code "SV" is recommended to be used prior to the mandated use of the National Provider ID. If the information receiver is a payer and the HCFA National PlanID is mandated for use, code value "XV" must be used, otherwise, use code value "PI". If the information receiver is an employer, use code value "24".

INDUSTRY: Identification Code Qualifier

24	Employer's Identification Number	
	Use this code only when the 270/271 transaction sets are used by an employer inquiring about eligibility and benefits of their employees.	
34	Social Security Number	
	The social security number may not be used for any Federally administered programs such as Medicare.	
FI	Federal Taxpayer's Identification Number	
PI	Payor Identification	
	Use this code only when the information receiver is a payer.	
PP	Pharmacy Processor Number	
	Unique number assigned to each pharmacy for submitting claims	
SV	Service Provider Number	
	Use this code for the identification number assigned by the information source.	
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)	
XX	Health Care Financing Administration National Provider Identifier	
	See code source 537.	

Must Use	NM109	67	**Identification Code**	X	AN 2/80

Code identifying a party or other code

Use this code for the reference number as qualified by the preceding data element (NM108).

INDUSTRY: Information Receiver Identification Number

Segment:		**AAA** Information Receiver Request Validation		
Position:		085		
Loop:		2100B	Optional (Must Use)	
Level:		Detail		
Usage:		Optional		
Max Use:		9		
Purpose:		To specify the validity of the request and indicate follow-up action authorized		
Syntax Notes:				
Semantic Notes:	1	AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.		
Comments:	1	If AAA02 is used, AAA03 contains a code from an industry code list.		
Notes:		Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take. Use this segment to indicate problems in processing the transaction specifically related to the information receiver data contained in the original 270 transaction's information receiver name loop (Loop 2100B).		

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AAA01	1073	**Yes/No Condition or Response Code**		M ID 1/1
			Code indicating a Yes or No condition or response		
			INDUSTRY: Valid Request Indicator		
			N	No	
				Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.	
			Y	Yes	
				Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	
Must Use	AAA03	901	**Reject Reason Code**		O ID 2/2
			Code assigned by issuer to identify reason for rejection		
			Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. INDUSTRY: Reject Reason Code		
			15	Required application data missing	
				Use this code only when the information receiver's additional identification is missing.	
			41	Authorization/Access Restrictions	
			43	Invalid/Missing Provider Identification	
			44	Invalid/Missing Provider Name	

	45	Invalid/Missing Provider Specialty	
	46	Invalid/Missing Provider Phone Number	
	47	Invalid/Missing Provider State	
	48	Invalid/Missing Referring Provider Identification Number	
	50	Provider Ineligible for Inquiries	
	51	Provider Not on File	
	79	Invalid Participant Identification	

Use this code only when the information receiver is not a provider or payer.

97	Invalid or Missing Provider Address	
T4	Payer Name or Identifier Missing	

Use this code only when the information receiver is a payer.

Must Use	**AAA04**	**889**	**Follow-up Action Code**	**O**	**ID 1/1**

Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

INDUSTRY: Follow-up Action Code

C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed
S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Segment:	**HL** Subscriber Level
Position:	010
Loop:	2000C Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	

Comments:

1   The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

The HL segment defines a top-down/left-right ordered structure.

2   HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

3   HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

4   HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

5   HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source Loop 2000A
Information Receiver Loop 2000B
        Subscriber Loop 2000C
            Dependent Loop 2000D
                Eligibility or Benefit Information
            Dependent Loop 2000D
                Eligibility or Benefit Information
        Subscriber Loop 2000C
            Eligibility or Benefit Information

This segment is required if this loop is used.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

An example of the use of the HL segment and this data element is:
 HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~
HL*4*3*23*0~
NM1*03*1*SMITH*MARY*LOU~
 Eligibility/Benefit Data
HL*5*2*22*0~
NM1*IL*1*BROWN*JOHN*E***MI*22211333301~
 Eligibility/Benefit Data

Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

INDUSTRY: Hierarchical ID Number

		3	Sequential	
Must Use	HL02	734	**Hierarchical Parent ID Number**	O AN 1/12

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this ID number to identify the specific hierarchical level to which this level is subordinate.

INDUSTRY: Hierarchical Parent ID Number

		2		
M	HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

		22	Subscriber	

Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the

	Ref. Des.	Data Element	Name	Attributes
M			**Hierarchical ID Number**	M AN 1/12

insurer agrees to pay benefits

Use the subscriber level to identify the insured or subscriber of the health care coverage. This entity may or may not be the actual patient.

| Must Use | HL04 | 736 | **Hierarchical Child Code** | | O | ID 1/1 |

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, the code value in the HL04 at the Loop 2000C level should be "1" if a Loop 2000D level (dependent) is associated with this subscriber. If no Loop 2000D level exists for this subscriber, then the code value for HL04 should be "0" (zero).

INDUSTRY: Hierarchical Child Code

0   No Subordinate HL Segment in This Hierarchical
             Structure.

Segment:	**NM1** Subscriber Name	
Position:	030	
Loop:	2100C	Optional (Must Use)
Level:	Detail	
Usage:	Optional (Must Use)	
Max Use:	1	
Purpose:	To supply the full name of an individual or organizational entity	
Syntax Notes:	1	If either NM108 or NM109 is present, then the other is required.
	2	If NM111 is present, then NM110 is required.
Semantic Notes:	1	NM102 qualifies NM103.
Comments:	1	NM110 and NM111 further define the type of entity in NM101.
Notes:	Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the insured or subscriber.	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual		
			INDUSTRY: Entity Identifier Code		
			IL Insured or Subscriber		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
	NM103	1035	**Name Last or Organization Name**	O	AN 1/35
			Individual last name or organizational name		
			Use this name for the subscriber's last name.		
			Required unless a rejection response is generated and this element was not valued in the request.		
			INDUSTRY: Subscriber Last Name		
	NM104	1036	**Name First**	O	AN 1/25
			Individual first name		
			Use this name for the subscriber's first name.		
			Required unless a rejection response is generated and this element was not valued in the request.		
			INDUSTRY: Subscriber First Name		
	NM105	1037	**Name Middle**	O	AN 1/25
			Individual middle name or initial		

Use this name for the subscriber's middle name or initial.

Change second note: Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.

INDUSTRY: Subscriber Middle Name

Segment:	**REF** Subscriber Additional Identification	
Position:	040	
Loop:	2100C	Optional (Must Use)
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify identifying information	
Syntax Notes:	1	At least one of REF02 or REF03 is required.
	2	If either C04003 or C04004 is present, then the other is required.
	3	If either C04005 or C04006 is present, then the other is required.
Semantic Notes:	1	REF04 contains data relating to the value cited in REF02.
Comments:		

Notes:

Use this segment to supply an identification number other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.

Required if the Information Source requires additional identifiers necessary to identify the Subscriber for other transactions such as claims, authorizations, etc.

Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.

If the 270 request contained a REF segment with a Patient Account Number in Loop 2100C/REF02 with REF01 equal EJ, then it must be returned in the 271 transaction using this segment.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	REF01	128	**Reference Identification Qualifier**	M	ID 2/3

Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

INDUSTRY: Reference Identification Qualifier

F6		Health Insurance Claim (HIC) Number

A unique number assigned by the government to each person entitled to Medicare benefits

See segment note 3.

	Ref. Des.	Data Element	Name	Attributes	
Must Use	REF02	127	**Reference Identification**	X	AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Use this information for the reference number as qualified by the preceding data element (REF01).

INDUSTRY: Subscriber Supplemental Identifier

Must Use	REF04	C040	**Reference Identifier**		O	

To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier

M	C04001	128	**Reference Identification Qualifier**	M	ID 2/3

Code qualifying the Reference Identification

SY   Social Security Number

M	C04002	127	**Reference Identification**	M	AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

	C04003	128	**Reference Identification Qualifier**	X	ID 2/3

Code qualifying the Reference Identification

SY   Social Security Number

	C04004	127	**Reference Identification**	X	AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

	Segment:	**AAA** Subscriber Request Validation
	Position:	085
	Loop:	2100C Optional (Must Use)
	Level:	Detail
	Usage:	Optional
	Max Use:	9
	Purpose:	To specify the validity of the request and indicate follow-up action authorized
	Syntax Notes:	
	Semantic Notes:	1 AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.
	Comments:	1 If AAA02 is used, AAA03 contains a code from an industry code list.
	Notes:	Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.

Use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270 transaction's subscriber name loop (Loop 2100C). |

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AAA01	1073	**Yes/No Condition or Response Code**	**M ID 1/1**
			Code indicating a Yes or No condition or response	
			INDUSTRY: Valid Request Indicator	
			N No	
			Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.	
			Y Yes	
			Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	
Must Use	AAA03	901	**Reject Reason Code**	**O ID 2/2**
			Code assigned by issuer to identify reason for rejection	
			Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.	
			Use codes "43", "45", "47", "48", or "51" only in response to information that is in or should be in the PRV segment in the Subscriber Name loop (2100C).	
			INDUSTRY: Reject Reason Code	
			15 Required application data missing	
			42 Unable to Respond at Current Time	
			Use this code in a batch environment where an information source returns all requests from the 270 in the 271 and identifies "Unable to Respond at Current	

			Time" for each individual request (subscriber or dependent) within the transaction that they were unable to process for reasons other than data content (such as their system is down or timed out when generating a response).	
	43	Invalid/Missing Provider Identification		
	45	Invalid/Missing Provider Specialty		
	47	Invalid/Missing Provider State		
	48	Invalid/Missing Referring Provider Identification Number		
	49	Provider is Not Primary Care Physician		
	51	Provider Not on File		
	52	Service Dates Not Within Provider Plan Enrollment		
	56	Inappropriate Date		
	57	Invalid/Missing Date(s) of Service		
	58	Invalid/Missing Date-of-Birth		
	60	Date of Birth Follows Date(s) of Service		
	61	Date of Death Precedes Date(s) of Service		
	62	Date of Service Not Within Allowable Inquiry Period		
	63	Date of Service in Future		
	64	Invalid/Missing Patient ID		
	65	Invalid/Missing Patient Name		
	66	Invalid/Missing Patient Gender Code		
	67	Patient Not Found		
	68	Duplicate Patient ID Number		
	71	Patient Birth Date Does Not Match That for the Patient on the Database		
	72	Invalid/Missing Subscriber/Insured ID		
	73	Invalid/Missing Subscriber/Insured Name		
	74	Invalid/Missing Subscriber/Insured Gender Code		
	75	Subscriber/Insured Not Found		
	76	Duplicate Subscriber/Insured ID Number		
	77	Subscriber Found, Patient Not Found		
	78	Subscriber/Insured Not in Group/Plan Identified		

Must Use   AAA04   889   Follow-up Action Code   O   ID 1/1

Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

INDUSTRY: Follow-up Action Code

C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed
	Use only when AAA03 is "42".
S	Do Not Resubmit; Inquiry Initiated to a Third Party

W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
	Use only when AAA03 is "42".

Segment:	**DMG** Subscriber Demographic Information	
Position:	100	
Loop:	2100C	Optional (Must Use)
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To supply demographic information	
Syntax Notes:	1	If either DMG01 or DMG02 is present, then the other is required.
Semantic Notes:	1	DMG02 is the date of birth.
	2	DMG07 is the country of citizenship.
	3	DMG09 is the age in years.
Comments:		
Notes:	Use this segment to convey the birth date or gender demographic information for the subscriber.	
	Use this segment only if the subscriber is the patient and if this information is available from the Information Source's database unless a rejection response is generated and the elements were not valued in the request.	

Data Element Summary

Ref. Des.	Data Element	Name	Attributes
DMG01	1250	**Date Time Period Format Qualifier**	X ID 2/3
		Code indicating the date format, time format, or date and time format	
		Use this code to indicate the format of the date of birth that follows in DMG02.	
		INDUSTRY: Date Time Period Format Qualifier	
		D8 Date Expressed in Format CCYYMMDD	
DMG02	1251	**Date Time Period**	X AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times	
		Use this date for the date of birth of the individual.	
		Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.	
		INDUSTRY: Subscriber Birth Date	
DMG03	1068	**Gender Code**	O ID 1/1
		Code indicating the sex of the individual	
		Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.	
		INDUSTRY: Subscriber Gender Code	
		F Female	
		M Male	

U   Unknown

Segment:	**DTP** Subscriber Date	
Position:	120	
Loop:	2100C	Optional (Must Use)
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify any or all of a date, a time, or a time period	
Syntax Notes:		
Semantic Notes:	1	DTP02 is the date or time or period format that will appear in DTP03.
Comments:		
Notes:	Use this segment to convey any relevant dates. The dates represented may be in the past, the current date, or a future date. The dates may also be a single date or a span of dates. Which date(s) to use is determined by the format qualifier in DTP02.	
	When using codes "307" (Eligibility), "356" (Eligibility Begin), "357" (Eligibility End), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply to all of the Eligibility or Benefit Information (EB) loops that follow.	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	DTP01	374	**Date/Time Qualifier**	M ID 3/3
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
			442 Date of Death	
			Date life terminated	
M	DTP02	1250	**Date Time Period Format Qualifier**	M ID 2/3
			Code indicating the date format, time format, or date and time format	
			Use this code to specify the format of the date(s)/time(s) that follow in the next data element.	
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYMMDD	
M	DTP03	1251	**Date Time Period**	M AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times	
			Use this date for the date(s) as qualified by the preceding data elements.	
			INDUSTRY: Date Time Period	

Segment:	**EB** Subscriber Eligibility or Benefit Information \<Medicare A\>
Position:	130
Loop:	2110C Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply eligibility or benefit information
Syntax Notes:	**1** If either EB09 or EB10 is present, then the other is required.
Semantic Notes:	**1** EB01 qualifies EB06 through EB10.
	2 EB11 is the authorization or certification indicator. A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.
	3 EB12 is the plan network indicator. A "Y" value indicates the benefits identified are considered In-Plan-Network. An "N" value indicates that the benefits identified are considered Out-Of-Plan-Network. A "U" value indicates it is unknown whether the benefits identified are part of the Plan Network.
Comments:	
Notes:	Use this segment to begin the eligibility/benefit information looping structure. The EB segment is used to convey the specific eligibility or benefit information for the entity identified.
	This segment is required if the subscriber is the person whose eligibility or benefits are being described and the transaction is not rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.
	When the subscriber is not the person whose eligibility or benefits are being described, this loop must not be used.
	A limit to the number of repeats of EB loops has not been established. In a batch environment there is no practical reason to limit the number of EB loop repeats. In a real time environment, consideration should be given to how many EB loops are generated given the amount of time it takes to format the response and the amount of time it will take to transmit that response. Since these limitations will vary by information source, it would be completely arbitrary for the developers to set a limit. It is not the intent of the developers to limit the amount of information that is returned in a response, rather to alert information sources to consider the potential delays if the response contains too much information to be formatted and transmitted in real time.
	The minimum data for a HIPAA compliant response for a person that has been located in the information source's system must indicate either, 1- Active Coverage or 6 - Inactive in EB01 and, 30 - Health Benefit Plan Coverage in EB03. Information sources are not limited to the minimum HIPAA compliant response and are highly encouraged to create as elaborate a response their systems allow. See section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	EB01	1390	**Eligibility or Benefit Information**	**M ID 1/2**

Code identifying eligibility or benefit information

Use this code to identify the eligibility or benefit information. This may be the eligibility status of the individual or the benefit related category that is being further described in the following data elements. This data element also qualifies the data in elements EB06 through EB10.

INDUSTRY: Eligibility or Benefit Information

		1	Active Coverage	
Must Use	EB02	1207	**Coverage Level Code**	**O ID 3/3**

Code indicating the level of coverage being provided for this insured

Use this code to identify the level of coverage of benefits. It identifies the types and number of entities that are covered by the insurance plan.

Use if available.

INDUSTRY: Benefit Coverage Level Code

		IND	Individual	
Must Use	EB03	1365	**Service Type Code**	**O ID 1/2**

Code identifying the classification of service

If a service type code is sent by an information receiver that is not supported by the information source, the information source must respond with at least a service type code of 30 - Health Benefit Plan Coverage. See EB segment notes and section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information. Information receivers need to be made aware that receipt of a 271 response with a Service Type Code of 30 indicates that the information source may not be able to process an explicit request and the response does not indicate coverage of a specific benefit if one was sent in the 270 request.

If a very specific type or category of service for which eligibility or benefits can be described, use one of the codes from the full list.

INDUSTRY: Service Type Code

		30	Health Benefit Plan Coverage	

Use this code if only a single category of benefits can be supported.

Must Use	EB04	1336	**Insurance Type Code**	**O ID 1/3**

Code identifying the type of insurance policy within a specific insurance program

Use if available.

INDUSTRY: Insurance Type Code

		MA	Medicare Part A	
Must Use	EB05	1204	**Plan Coverage Description**	**O AN 1/50**

A description or number that identifies the plan or coverage

Use this free-form text area to convey the specific product name for an insurance plan.

Use if available.

INDUSTRY: Plan Coverage Description

Segment:	**DTP** Subscriber Eligibility/Benefit Date	
Position:	150	
Loop:	2110C Optional	
Level:	Detail	
Usage:	Optional (Must Use)	
Max Use:	1	
Purpose:	To specify any or all of a date, a time, or a time period	
Syntax Notes:		
Semantic Notes:	1 DTP02 is the date or time or period format that will appear in DTP03.	
Comments:		
Notes:	Use this segment to convey dates associated with the information contained in the corresponding Eligibility or Benefit Information (EB) loop.	

When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply only to the Eligibility or Benefit Information (EB) loop that it is located in. If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Subscriber Name (Loop 2100C) loop.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			INDUSTRY: Date Time Qualifier		
		356	Eligibility Begin		
			Date on which eligibility begins		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Use this code to specify the format of the date(s)/time(s) that follow in the next data element.		
			INDUSTRY: Date Time Period Format Qualifier		
		D8	Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Date Time Period**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			Use this date for the date(s) as qualified by the preceding data elements.		
			INDUSTRY: Eligibility or Benefit Date Time Period		

Segment:	**DTP** Subscriber Eligibility/Benefit Date	
Position:	150	
Loop:	2110C Optional	
Level:	Detail	
Usage:	Optional (Must Use)	
Max Use:	1	
Purpose:	To specify any or all of a date, a time, or a time period	
Syntax Notes:		
Semantic Notes:	1 DTP02 is the date or time or period format that will appear in DTP03.	
Comments:		
Notes:	Use this segment to convey dates associated with the information contained in the corresponding Eligibility or Benefit Information (EB) loop.	
	When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply only to the Eligibility or Benefit Information (EB) loop that it is located in. If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Subscriber Name (Loop 2100C) loop.	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			INDUSTRY: Date Time Qualifier		
		357	Eligibility End		
			Date on which eligibility ends		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Use this code to specify the format of the date(s)/time(s) that follow in the next data element.		
			INDUSTRY: Date Time Period Format Qualifier		
		D8	Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Date Time Period**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			Use this date for the date(s) as qualified by the preceding data elements.		
			INDUSTRY: Eligibility or Benefit Date Time Period		

Segment:	**EB** Subscriber Eligibility or Benefit Information
Position:	130
Loop:	2110C Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply eligibility or benefit information
Syntax Notes:	**1** If either EB09 or EB10 is present, then the other is required.
Semantic Notes:	**1** EB01 qualifies EB06 through EB10.
	2 EB11 is the authorization or certification indicator. A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.
	3 EB12 is the plan network indicator. A "Y" value indicates the benefits identified are considered In-Plan-Network. An "N" value indicates that the benefits identified are considered Out-Of-Plan-Network. A "U" value indicates it is unknown whether the benefits identified are part of the Plan Network.
Comments:	
Notes:	Use this segment to begin the eligibility/benefit information looping structure. The EB segment is used to convey the specific eligibility or benefit information for the entity identified.
	This segment is required if the subscriber is the person whose eligibility or benefits are being described and the transaction is not rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.
	When the subscriber is not the person whose eligibility or benefits are being described, this loop must not be used.
	A limit to the number of repeats of EB loops has not been established. In a batch environment there is no practical reason to limit the number of EB loop repeats. In a real time environment, consideration should be given to how many EB loops are generated given the amount of time it takes to format the response and the amount of time it will take to transmit that response. Since these limitations will vary by information source, it would be completely arbitrary for the developers to set a limit. It is not the intent of the developers to limit the amount of information that is returned in a response, rather to alert information sources to consider the potential delays if the response contains too much information to be formatted and transmitted in real time.
	The minimum data for a HIPAA compliant response for a person that has been located in the information source's system must indicate either, 1- Active Coverage or 6 - Inactive in EB01 and, 30 - Health Benefit Plan Coverage in EB03. Information sources are not limited to the minimum HIPAA compliant response and are highly encouraged to create as elaborate a response their systems allow. See section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information.

Data Element Summary

Ref. Des.	Data Element	Name	Attributes
M **EB01**	**1390**	**Eligibility or Benefit Information**	**M** **ID 1/2**

Code identifying eligibility or benefit information

Use this code to identify the eligibility or benefit information. This may be the eligibility status of the individual or the benefit related category that is being further described in the following data elements. This data element also qualifies the data in elements EB06 through EB10.

INDUSTRY: Eligibility or Benefit Information

1	Active Coverage
2	Active - Full Risk Capitation
3	Active - Services Capitated
4	Active - Services Capitated to Primary Care Physician
5	Active - Pending Investigation
6	Inactive
7	Inactive - Pending Eligibility Update
8	Inactive - Pending Investigation
A	Co-Insurance
B	Co-Payment
C	Deductible
CB	Coverage Basis
D	Benefit Description
E	Exclusions
F	Limitations
G	Out of Pocket (Stop Loss)
H	Unlimited
I	Non-Covered
J	Cost Containment
K	Reserve
L	Primary Care Provider
M	Pre-existing Condition
MC	Managed Care Coordinator
N	Services Restricted to Following Provider
O	Not Deemed a Medical Necessity
P	Benefit Disclaimer

Not recommended. See section 1.3.10 Disclaimers Within the Transaction.

Q	Second Surgical Opinion Required
R	Other or Additional Payor
S	Prior Year(s) History
T	Card(s) Reported Lost/Stolen
U	Contact Following Entity for Eligibility or Benefit Information
V	Cannot Process

W	Other Source of Data	
X	Health Care Facility	
Y	Spend Down	

Must Use	**EB02**	**1207**	**Coverage Level Code**		**O**	**ID 3/3**

Code indicating the level of coverage being provided for this insured

Use this code to identify the level of coverage of benefits. It identifies the types and number of entities that are covered by the insurance plan.

Use if available.

INDUSTRY: Benefit Coverage Level Code

IND	Individual

Must Use	**EB03**	**1365**	**Service Type Code**		**O**	**ID 1/2**

Code identifying the classification of service

If a service type code is sent by an information receiver that is not supported by the information source, the information source must respond with at least a service type code of 30 - Health Benefit Plan Coverage. See EB segment notes and section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information. Information receivers need to be made aware that receipt of a 271 response with a Service Type Code of 30 indicates that the information source may not be able to process an explicit request and the response does not indicate coverage of a specific benefit if one was sent in the 270 request.

If a very specific type or category of service for which eligibility or benefits can be described, use one of the codes from the full list.

INDUSTRY: Service Type Code

30	Health Benefit Plan Coverage

Use this code if only a single category of benefits can be supported.

Must Use	**EB04**	**1336**	**Insurance Type Code**		**O**	**ID 1/3**

Code identifying the type of insurance policy within a specific insurance program

Use if available.

INDUSTRY: Insurance Type Code

MA	Medicare Part A

Must Use	**EB05**	**1204**	**Plan Coverage Description**		**O**	**AN 1/50**

A description or number that identifies the plan or coverage

Use this free-form text area to convey the specific product name for an insurance plan.

Use if available.

INDUSTRY: Plan Coverage Description

Segment:	**DTP** Subscriber Eligibility/Benefit Date	
Position:	150	
Loop:	2110C	Optional
Level:	Detail	
Usage:	Optional (Must Use)	
Max Use:	1	
Purpose:	To specify any or all of a date, a time, or a time period	
Syntax Notes:		
Semantic Notes:	1 DTP02 is the date or time or period format that will appear in DTP03.	
Comments:		
Notes:	Use this segment to convey dates associated with the information contained in the corresponding Eligibility or Benefit Information (EB) loop.	
	When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply only to the Eligibility or Benefit Information (EB) loop that it is located in. If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Subscriber Name (Loop 2100C) loop.	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			INDUSTRY: Date Time Qualifier		
			356	Eligibility Begin	
				Date on which eligibility begins	
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Use this code to specify the format of the date(s)/time(s) that follow in the next data element.		
			INDUSTRY: Date Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMDD	
M	DTP03	1251	**Date Time Period**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			Use this date for the date(s) as qualified by the preceding data elements.		
			INDUSTRY: Eligibility or Benefit Date Time Period		

Segment:	**DTP** Subscriber Eligibility/Benefit Date	
Position:	150	
Loop:	2110C	Optional
Level:	Detail	
Usage:	Optional (Must Use)	
Max Use:	1	
Purpose:	To specify any or all of a date, a time, or a time period	
Syntax Notes:		
Semantic Notes:	1	DTP02 is the date or time or period format that will appear in DTP03.
Comments:		
Notes:	Use this segment to convey dates associated with the information contained in the corresponding Eligibility or Benefit Information (EB) loop.	
	When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply only to the Eligibility or Benefit Information (EB) loop that it is located in. If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Subscriber Name (Loop 2100C) loop.	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	DTP01	374	**Date/Time Qualifier**	M ID 3/3
			Code specifying type of date or time, or both date and time	
			INDUSTRY: Date Time Qualifier	
		357	Eligibility End	
			Date on which eligibility ends	
M	DTP02	1250	**Date Time Period Format Qualifier**	M ID 2/3
			Code indicating the date format, time format, or date and time format	
			Use this code to specify the format of the date(s)/time(s) that follow in the next data element.	
			INDUSTRY: Date Time Period Format Qualifier	
		D8	Date Expressed in Format CCYYMMDD	
M	DTP03	1251	**Date Time Period**	M AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times	
			Use this date for the date(s) as qualified by the preceding data elements.	
			INDUSTRY: Eligibility or Benefit Date Time Period	

		SE Transaction Set Trailer

Segment: **SE** Transaction Set Trailer
Position: 410
Loop:
Level: Summary
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)
Syntax Notes:
Semantic Notes:
Comments: 1   SE is the last segment of each transaction set.
Notes: Use this segment to mark the end of a transaction set and provide control information on the total number of segments included in the transaction set.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	SE01	96	**Number of Included Segments**	M	N0 1/10

Total number of segments included in a transaction set including ST and SE segments

INDUSTRY: Transaction Segment Count

	Ref. Des.	Data Element	Name		Attributes
M	SE02	329	**Transaction Set Control Number**	M	AN 4/9

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific functional group (segments GS through GE) and interchange, but can repeat in other groups and interchanges.

INDUSTRY: Transaction Set Control Number

8. Business Data Processing Agreements

The following pages are business data processing agreements reached by CMS and DEERS while exchanging
electronic messages via the X12 Interface Engine.

8.1. Communication Protocol

5.1.1.   Introduction

This section provides a description of how DEERS and CMS will communicate.

5.1.2.   How DEERS Will Communicate with CMS

5.1.3.   How CMS Will Communicate with DEERS

8.2. Security

5.2.1. Introduction

HIPAA legislation mandates protection of the privacy of electronically transmitted health care information. This section provides a description of how CMS and DEERS will meet this requirement.

8.3. Business Rules Processing

8.3.1 General Processing Requirements

It has been established and agreed upon that the CMS Interface with DEERS is an batch/tape query and response interaction. Each inquiry/response will be encapsulated in an ASC X12 Interchange and Functional Group envelope consistent with the 4010 version of the ASC X12 Standard, and in accordance with the HIPAA 4010X092 Implementation Guideline where applicable.

The agreed upon element delimiter, sub-element delimiter and segment terminator which will be used to construct X12 messages are { * , : , ! } respectively. Each inquiry/response will have a unique trace number assigned by the external-trading partner. The 270/271 BHT03 element must be 20 bytes in length - alphanumeric.

PERSON IDENTIFICATION

As stated in the EIS, the SSN of the individual is required when performing an monthly inquiry. The sponsor's SSN should be supplied on all monthly inquiries, exclusion of such data may result in misleading or incorrect response. The HICN of the individual is required when performing an semi-annual inquiry.

INQUIRIES

CMS will return negative acknowledgement of no health care coverage. The Health Care Delivery Program Coverage Code of 000 will be returned.

8.3.2 Outbound Process

DEERS will take the extract file created on the Naval Postgraduate (NPS) mainframe and convert it to a 270 - Eligibility Inquiry transaction. The Seebeyond Exchange Partner Manager component will perform compliance checking on the converted 270 - Eligibility Inquiry transaction for accuracy. The 270 - Eligibility Inquiry transaction will be transmitted to CMS.

8.3.2 Receipt Acknowledgement

As soon as the 270 - Eligibility Inquiry transaction is received successfully by CMS, CMS will transmit Functional Acknowledgement (997) transactions to DEERS. This is DEERS confirmation that CMS received the transaction.

Other outbound and inbound transactions may need to be considered for possible communication failures.

8.3.3 Inbound Process

CMS will transmit a 271 - Eligibility Response transaction to DEERS. The 271 transaction will be processed by the Seebeyond Exchange Partner Manager component to determine accuracy. If a problem exists, DEERS will transmit a rejection 997 transaction to CMS. If no problems exist, the 271 transaction will be converted back to a database update file transaction. A match will be made on the responses received from CMS against the original eligibility inquiry. If changes exist, Medicare data will be updated on the Other Government Programs (OGP) table on the DEERS database. If there are no changes, there will be no updates to the PDR database. A TRICARE for Life update will be sent to the MCSCs (see Appendix B).

APPENDIX A
BUSINESS DATA PROCESSING AGREEMENTS

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Appendix A: Business Data Processing Agreements

We have agreed and established that there are 2 types of possible inquiries to CMS:

1.   Monthly 270 Healthcare Coverage Eligibility Inquiry
2.   Semi-Annual 270 Healthcare Coverage Eligibility Inquiry

We have agreed and established that there are 4 types of possible responses from CMS:

1.   271 Full Response - Eligibility data for an individual.
2.   271 Error Response - Person not found, utilizing the Triple A segment.
3.   271 Error Response - CMS unable to respond utilizing the Triple A segment.
4.   997 Functional Acknowledgment - Inquiry received acknowledgement.

**APPENDIX B
HIPAA COMPLIANCE OF DMDC TO MCSC INTERFACE FOR
MONTHLY TRANSMISSION OF MEDICARE OTHER
GOVERNMENT PROGRAM INFORMATION**

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**Appendix B: HIPAA Compliance of DMDC to MCSC interface for monthly
transmission of MEDICARE Other Government Program Information**

On a monthly basis DMDC pushes a file of Medicare Other Government Program (OGP) information to
the TRICARE Managed Care Support Contractors (MCSC). While this file does contain eligibility
information, the business transaction itself is not one that is being standardized by HIPAA. Therefore this
business event does not need to utilize one of the HIPAA transmission format standards.

The two business events standardized by HIPAA that most closely resemble this business event are the
Enrollment and Eligibility for a Health Plan events. This event does not meet the definition of an
Enrollment Event under HIPPA. It is not, "The enrollment and disenrollment in a health plan transaction is
the transmission of subscriber enrollment information by a health plan to establish or terminate insurance
coverage". Further, this event does not meet the definition of an Eligibility for a Health Plan Event under
HIPPA. It is not " The eligibility for a health plan transaction is the transmission of either of the following:

>   (a) An inquiry from a health care provider to a health plan, or from one health plan to another
>   health plan, to obtain any of the following information about a benefit plan for an enrollee: (1)
>   Eligibility to receive services under the plan. (2) Coverage of services furnished under the
>   plan. (3) Benefits associated with the benefit plan. (b) A response from a health plan to a
>   health care provider's (or another health plan's) inquiry described in paragraph (a) of this
>   section. Since this event is not an event that is being standardized under HIPAA, there is no
>   HIPAA transmission standard to which it must comply.

Relevant Excerpts from HIPAA Transaction and Code Set Final Rule

Subpart L - Eligibility for a Health Plan

§162.1201 Eligibility for a health plan transaction.

The eligibility for a health plan transaction is the transmission of either of the following:

>   (a) An inquiry from a health care provider to a health plan, or from one health plan to another
>   health plan, to obtain any of the following information about a benefit plan for an enrollee:

>   (1) Eligibility to receive services under the plan.

>   (2) Coverage of services furnished under the plan.

>   (3) Benefits associated with the benefit plan.

>   (b) A response from a health plan to a health care provider's (or another health plan's) inquiry

described in paragraph (a) of this section.

Subpart O - Enrollment and Disenrollment in a Health Plan

§162.1501 Enrollment and disenrollment in a health plan transaction.

The enrollment and disenrollment in a health plan transaction is the transmission of subscriber enrollment
information by a health plan to establish or terminate insurance coverage.

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